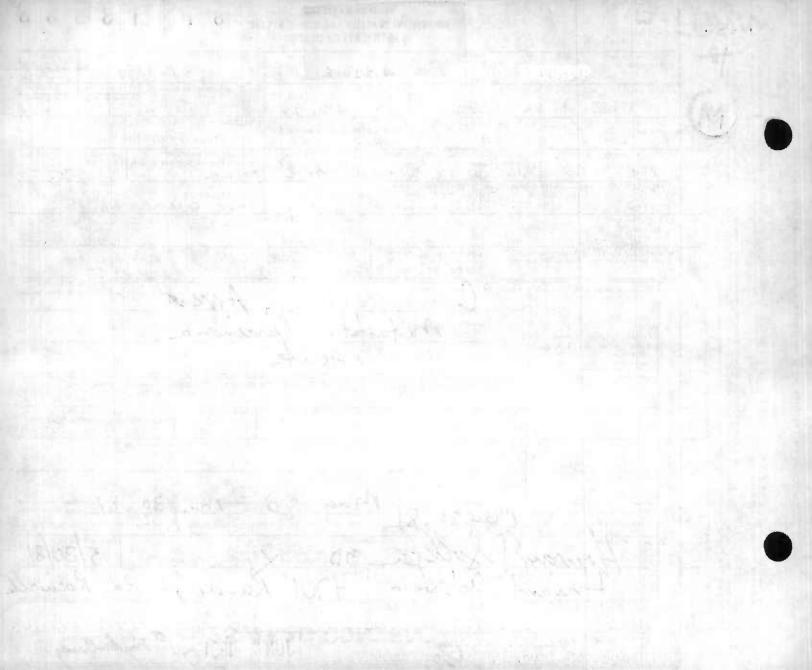
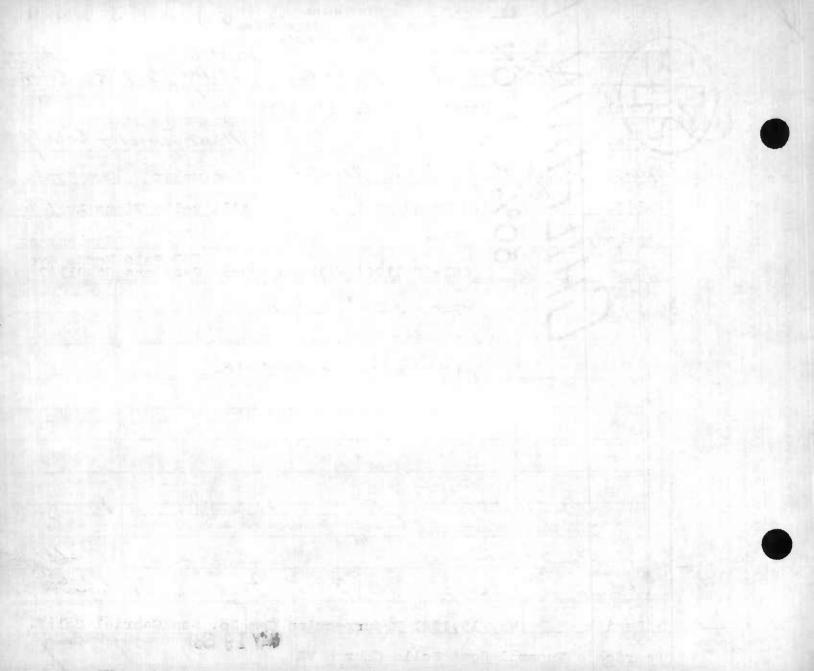
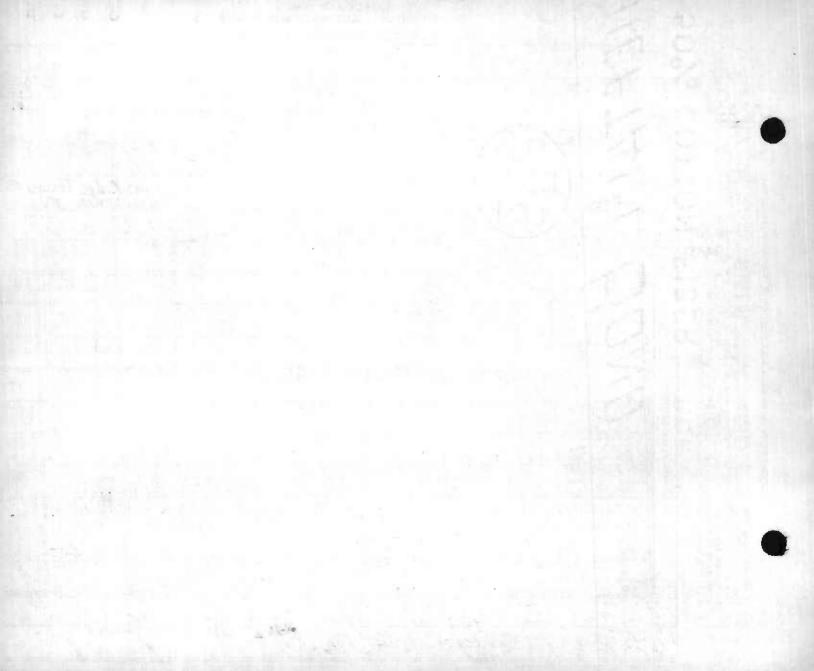
RE	ATE		DEPARTMENT OF H	OF MARYLAND ALTH AND MENTAL H CATE OF DEATH	YGIENE & I	13	3 3 3
WE	GISTRAR		CERTIFI	CATE OF DEATH	REG. N	O	
	SED NAME FIRST	MIDDLE	LA		20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
TYPE OR PI	Hypolite	G.	AE	ADIE	5	129/81	7:30 7
CEY	Hypoteci		CDATEO	RIDTH	A AGE CIN VEARS LAST BIRT	HDAY) FUNDER LYEA	
JLA	· · · ·			DAY YEAR			HOURS MIN
				23 96		YRS.	
a. BIRTH	PLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY?	NEVER MARRIED			
00141	LA	USA			MONT	GOMERY	ME
0 CITY C	OR TOWN OF DEATH	11. NAME OF HOSPIT				ON 12h KIND	OF BUSINESS OR
1.334	M. MOTA			of Jame	TYPE OF WORK FOR MOST C	F WORKING LIFE) INDUSTR	Halzen
				3 MONE	CLERK	Shee	t Co.
JSUAL RI 3a STA1	ESIDENCE HE NURSING HOME OF	NTY #13 CI	TY OR TOWN	134 INSIDECTIVITIALITS?	ILLA STORET ADDRESS		
		- 41	E 223/11/		1620 8	KMAN LA.	55.m
		31.	.Veic of				
		MIDDLE	LAST	FIRST	MIDDLE	4	AST
	Hunalita		Abadie	Cathoris	10	Biaa	io
ie. WAS	DECEASED EVER IN U.S. AR	MED FORCES? 166 SC	OCIAL SECURITY NO	17 INFORMANT Day	ightor ADDRI	SS	
	O OK UNKNOWN] (IF TES, GIV		2 02 670/			1 0000 01 12	
_				margery A. I	ressina		WITT A SING DAY
18	CAUSE OF DEATH (Enter or	nly ane cause per life (ai	(a), (b); and (c).1	1	1.000	METWEE	NONSET AND DEATH
			we war	d methody	HYVES	× ×	
	1991			11 /			
		DUE TO, OR AS A	CONSEDUENCEOF	testic (	uselnoma		
		(b)	1 10 00	1-01-0			
co	use (a), stating the	DUE TO, OR AS A	CONSEQUENCE OF	× Decado			
ur	derlying cause last	(		9 420010	6		
	RT 2 OTHER SIGNIFICANT	ONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART	l(a)
N I I	DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND	INGS USED
문						IN CERTIFYING CAUSI	
-					YES NO	YES 🗌	NO 🗌
	ACCIDENT WAS UNDERLYING	216. TIME OF INJU		21c HOW INJURY OCC	IPPED LENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2	
210		- HOUR AM M			SKRED TENTER INCIDER OF 1150		
	CONTRIBUTING CAUSE OF DE		ONTH DAY YEAR	,	JAKED TENTER NATIONE OF 1150		
		P.M.	19	211 LOCATION			
WEDICAL	CONTRIBUTING CAUSE OF DE.  EITHER, NOTIFY MEDICAL EXAMINER  INJURY OCCURRED  HILE NOT WHILE	P.M.	19	211 LOCATION STREET	CITY OR TO		STATE
WEDICAL	CONTRIBUTING CAUSE OF DE	P.M.	URY 19	211 LOCATION STREET			
WEDICAL WHAT W	CONTRIBUTING CAUSE OF DE.  EITHER, NOTIFY MEDICAL EXAMINER  INJURY OCCURRED  HILE NOT WHILE	P.M. 21s PLACE OF INJ (AT HOME, STREET, FAC	URY TORY, OFFICE, FARM, ETC.)	711 LOCATION STREET			STATE
WEDICAL WHAT W	CONTRIBUTING CAUSE OF DE.  EITHER, NOTIFY MEDICAL EXAMINER;  INJURY OCCURRED  HILE NOT WHILE OVER  AT WORK IN TO CERTIFY HOS P.  I certify that (1) (this hasp	P.M. 21s PLACE OF INJI (AT HOME, STREET, FAC	URY TORY, OFFICE, FARM, ETC )	STREET 19		vn county	STATE that (I) (we) fo
WEDICAL ALL STATES	CONTRIBUTING CAUSE OF DE. EITHER, NOTIFY MEDICAL EXAMINERS INJURY OCCURRED HILE NOT WHILE AT WORK  I certify that (1) (this hasp saw the deceased alive an above, the world id id no	P.M. 21s PLACE OF INJI (AT HOME, STREET, FAC	URY TORY, OFFICE, FARM, ETC.)	that in (my) (aur) apini	CITY OR TO	wn county	STATE  a, that (I) (we) to be couses stated
WEDICAL ALL STATES	CONTRIBUTING CAUSE OF DE.  EITHER, NOTIFY MEDICAL EXAMINER;  INJURY OCCURRED  HILE NOT WHILE OVER  AT WORK IN TO CERTIFY HOS P.  I certify that (1) (this hasp	P.M. 21s PLACE OF INJI (AT HOME, STREET, FAC	URY TORY, OFFICE, FARM, ETC.)	that in (my) (aur) apini	city OR TO	te and hour and from the	STATE that (I) (we) for
WEDICAL ALL STATES	CONTRIBUTING CAUSE OF DE. EITHER, NOTIFY MEDICAL EXAMINERS INJURY OCCURRED HILE NOT WHILE AT WORK  I certify that (1) (this hasp saw the deceased alive an above, the world id id no	P.M. 21s PLACE OF INJI (AT HOME, STREET, FAC	URY TORY, OFFICE, FARM, ETC.)	that in (my) (aur) apini	city OR TO	te and hour and from II	STATE  a, that (I) (we) for the courses stated
21d WAT \ 220	CONTRIBUTING CAUSE OF DE. EITHER, NOTIFY MEDICAL EXAMINERS INJURY OCCURRED HILE NOT WHILE AT WORK  I certify that (1) (this hasp saw the deceased alive an above, the world ided in a	P.M. 21s PLACE OF INJI (AT HOME, STREET, FAC	URY TORY, OFFICE, FARM, ETC.)	d that in (my) (aur) apini	to	te and hour and from II	STATE ., that (I) (we) fast be causes stated
21d WAT \ 220	CONTRIBUTING CAUSE OF DE. ETIMER, NOTIFY MEDICAL EXAMINER; IN JURY OCCURRED  NOT WHILE WORK AT WORK  I certify that (1) (this hasp saw the deceased alive or above, 1) (will did in a	P.M. 21s PLACE OF INJI (AT HOME, STREET, FAC	URY TORY, OFFICE, FARM, ETC.)	d that in (my) (aur) apining	to	te and hour and from II	STATE ., that (I) (we) fas be causes stated
276 BURI	CONTRIBUTING CAUSE OF DE. EITHER, NOTIFY MEDICAL EXAMINER; IN JURY OCCURRED  MILE NOT WHILE VORK AT WORK  I certify that (1) (this hasp saw the deceased alive or above. It (will did in in  SIGNATURE)  AL, CREMATION, REMOVAL	P.M.  21e PLACE OF INJI (AT HOME, STREET, FAC  ital) attended the decoration of the street of the st	URY TORY, OFFICE, FARM, ETC.)	d that in (my) (aur) apining	medical STA DIRECTOR PHYSIC	The and hour and from II	STATE ., that (I) (we) fas be causes stated
220 22b	CONTRIBUTING CAUSE OF DE. ETHER, NOTIFY MEDICAL EXAMINER; IN JURY OCCURRED HILE WORK AT WORK  I certify that (1) (this hasp saw the deceased alive or above, (1) (will did it did STONATION.  PHYSICIAN'S PLAME [THE FT]	P.M.  21e PLACE OF INJI (AT HOME, STREET, FAC  101) attended the deco-	URY TORY, OFFICE, FARM, ETC.)	d that in (my) (our) apining the series of t	city OR TO	THE GOLD TO THE COUNTY	state  that (I) (we) los the courses stated  130/8/  Rochere  STATE
270 BURI (SPECI	CONTRIBUTING CAUSE OF DE. ETHER, NOTIFY MEDICAL EXAMINER; IN JURY OCCURRED  MITTER NOTIFY MILE ALWORK AT WORK  I certify that (1) (this hasp saw the deceased alive or above, (1) (will did it in a	P.M.  218 PLACE OF INJI (AT HOME, STREET, FAC  101) attended the deco- attiview the body and indiview the body and individual indivi	URY TORY, OFFICE FARM, ETC.)  19  19  19  19  19  19  19  19  19  1	egree  Attending PHYSICIAN  278 ADDRESS  METERY OR CREMATOR  SOLEUM	MEDICAL STA DIRECTOR PHYSIC  Y 23d LOCATION CITY OF TOWN NEW Orlean	the and hour and from the and hour and from the DA  THE AND TH	state  that (1) (we) los  course stated  130/8/  Rocher  STATE  Parcish, L
22 BURI (SPEC)	CONTRIBUTING CAUSE OF DE. ETHER, NOTIFY MEDICAL EXAMINER; IN JURY OCCURRED HILE WORK AT WORK  I certify that (1) (this hasp saw the deceased alive or above, (1) (will did it did STONATION.  PHYSICIAN'S PLAME [THE FT]	P.M.  218 PLACE OF INJUINATION OF THE PLACE OF INJUINATION OF THE PLACE OF INJUINATION OF THE PLACE OF THE PL	URY TORY, OFFICE, FARM, ETC.)  Seed from 19 , on 10 ,	d that in (my) (aur) apini EGREE ATTENDING PHYSICIAN 27R ADDRESS METERY OR CREMATOR SOLEUM 25. F	city OR TO	the and hour and from the and hour and from the DA  THE AND TH	state  that (1) (we) los  Me courses stated  130/8/  Rocher  STATE  Parish, L
	O CITY COUNTY OF THE PAIN OF T	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  A  O CITY OR TOWN OF DEATH  WHEATON MD  JSUAL RESIDENCE   IF NURSING HOME OF 13th STATE  A  FATHER'S NAME FIRST  HUNGLET  (VES, NO OR UNKNOWN)  IS CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE  IMMEDIA'  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT OF	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  A CITY OR TOWN OF DEATH  O CITY OR TOWN OF DEATH  IP NOT IN SUCH FACILIT  IP NOT	4 RACE  White  BIRTHPLACE (STATE OR FOREIGN COUNTRY)  A MARRIED WOONER  O CITY OR TOWN OF DEATH  O CITY OR TOWN OF DEATH  WHEATON  MD  IF NOT IN SUCHFACILITY, GIVE STREET ADDRESS)  SUN IVERS IT VURSING  IS STATE  IS STATE  IS COUNTY  FATHER'S NAME FIRST  MDDLE  LAST  Abadio  WAS DECLASED EVER'IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)  WE YES, GIVE WAR OR DATES)  NO  IS CAUSE OF DEATH LENter only one couse per life for (o.1, (b)) and ic.:  PART 1. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o.)  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT FOR IC.)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT FOR IC.)	SEX  White  S DATE OF BIRTH  MONTH  DAY  YEAR  GE  BIRTHPLACE (STATE OR FOREIGN  COUNTRY)  ARRIED  NEVER MARRIED  NOT COUNTRY  NEAD OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IF NOT IN SUCH FACILITY, GIVE STREET ADDRESSION)  IF NOT IN SUCH FACILITY, GIVE STREET ADDRESSION  IF NOT IN SUCH FACILITY, GIVE STREET ADDRESSI	SEX       RACE	S DATE OF BIRTH MONITH  DAY  YEAR  6. AGE (IN YEARS LAST BRITHDAY)  WONTHS DAY  YEAR  6. AGE (IN YEARS LAST BRITHDAY)  WONTHS DAY  YEAR  8. AGE (IN YEARS LAST BRITHDAY)  WONTHS DAY  YEAR  8. AGE (IN YEARS LAST BRITHDAY)  WONTHS DAY  YEAR  1. AGE (IN YEARS LAST BRITHDAY)  WONTHS DAY  YEAR  1. AGE (IN YEARS LAST BRITHDAY)  WONTHS DAY  YEAR  1. AGE (IN YEARS LAST BRITHDAY)  WONTHS DAY  YEAR  1. AGE (IN YEARS LAST BRITHDAY)  WONTHS DAY  YEAR  1. AGE (IN YEARS LAST BRITHDAY)  WONTHS DAY  YEAR  1. AGE (IN YEARS LAST BRITHDAY)  WONTHS DAY  YEAR  1. AGE (IN YEARS LAST BRITHDAY)  WONTHS DAY  YEAR  1. AGE (IN YEARS LAST BRITHDAY)  WONTHS DAY  YEAR  1. BALTIMORE CITY OR COUNTY OF DEATH  MONTHS DAY  WONTHS DAY  WONTHS DAY  WONTH



	1.	FOR - STATE REGISTRAR	DEPARTA	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	BIENE 8	REG. NO.	3 5 3 4
moy be poge 3	(TYP	CEASED NAME FIRST	FABETH I.	H	CKER	20. DATE OF	24 16,1	1981 6 AM
offic.	3. SE	x Female	Caucasian	Dec Dec	H DAY YEAR	6 AGE (IN YE	M	IF UNDER 1 YEAR IF UNDER 24 HRS
deoth. Poge there directly and the control of the c	_	IRTHPLACE (SLATE OR FOREIGN COUNTRY)	TE CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED		ECITY OR COUNTY	_ / -
s ofter de by the full led within led within	10 6	JUCK SPRING	NAME OF HOSPITAL, NURSIN H FACILITY, SIVE STREET	G HOME			CCUPATION OR MOST OF WORKING LIFE	12b KIND OF BUSINESS OR INDUSTRY Own Home
y filled in hould be f	13a.	alif. Los	Angeles Pasad	N	13d. INSIDE CITY LIMITS? YES X NO	13e STREET A		
completel 1 and 2 s	ŧ	anthony	Klizas		Is MOTHER'S MAIDEN NAM	ME	WIDDIE	Kaulauskas
icion ond co		VAS DECEASED EVER IN U.S. AR/ YES NO OR UNKNOWN) (IF YES GIVE	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 181-10-		William A	cker	507 Palo Pasadena	Verde Ave CA 91107  APPROXIMATE INTERVAL BEI WEEN ONSET AND DEATH
equires that the death certificate is signed by the ottending physics. Then please remove carbon paper to burial, cremation, or removal. niury, or other traumatic event, the	NO	Conditions, if ony, which gove rise to immediate cause to l. stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b) Lowel  DUE TO, OR AS A CONSEQUE  (c) PANCE  ONDITIONS CONTRIBUTING TO E	NCEDE	rosis  Carcino  NOT RELATED TO THE TERM		OR CONDITION GIVE	N IN PART I.a.
The low reicion. The hos been the hos been sit permit glene prior shows ony is	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOP		WERE FINDINGS USED ING CAUSES OF DEATH?
HYSICIAN: The dring physicic startificate buriol-tronsit Mentol Hygis or Hem 18 sho	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA.  (IF EITHER NOTIFY MEDICAL EXAMINER)		Y YEAR	21¢ HOW INJURY OCCURR	RED (ENTERNATI	RE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
G PHY ortending the bound M ond M ked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	IRM, ETC I	211 LOCATION STREET		CITY OR TOWN	COUNTY STATE
HOSPITAL OR ATTENDIN med by the hospitol or or FUNERAL DIRECTOR. Aft ald be detoched for use os the Stote Dept. of Health ORTANT: If them 21 is mor		22a.1 certify the (1) this hospit sow the deceased plive on above (1) we (did) did not 17th SIGN ATURE	) view the body after death 19 (		. 19 de de la composición del composición de la composición del composición de la co	MEDICAL DIRECTOR	STAFF PHYSICIAN	9
TO HOSP retoined I TO FUNE should be with the S IMPORTA	23a E	MANTIN 14. BURIAL, CREMATION, REMOVAL	EICHLEYL 23c. N	AME OF C	EMETERY OR CREMATORY	LARAS 123d LOCAT		wheelth, hd
BP	24 FI	Burial  JNERAL DIRECTOR	May 19,1981 ral Home Fall	Resu	rrection Ce	m So.	San Gabr	Sound Calif.



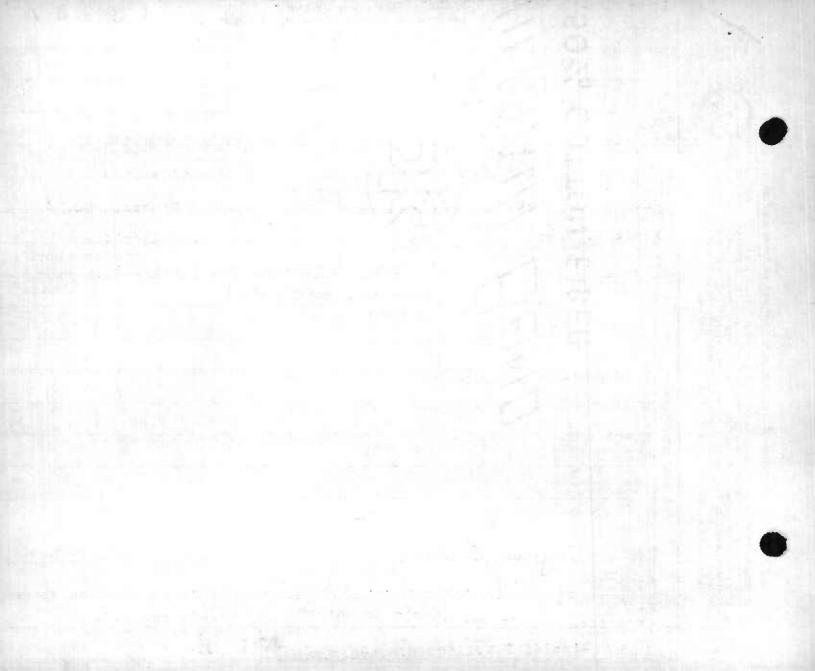
1.	FOR	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL	HYGIENE	3 5 3 5
11.	STATE REGISTRAR		MINER'S CERTIFICATE		).
1. D	ECEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN TX	
1	Mose	s A.	Adedoyin	OF ESTI-	, , , , , , , , , , , , , , , , , , ,
3. SE	X A.RAGE D S	DATE OF BIRTH 6 AGE	BIRTHDAY)  AND YRS.  IF UNDER 1 YR.	R 24 HRS. 2c. DATE PRONOUNCED DEAD	4 17 1981 3:50
70	PREISN COUNTRY)	CUIZEN OF WHAT COUNTRY	8. MARRIED   NEVER MARI	9. BALTIMORE CITY O	R COUNTY OF DEATH
IV	rigeria 6	majoria	WIDOWED DIVOR	110111 3011101	
10.0		NAME OF HOSPITAL, NURSING	DRESS)	THE USUAL OCCUPATION THE	OR INDUSTRY
USL	Bethesda JAL RESIDENCE (IF IN NURSING HOME OR O'	Suburban Hosp		Muden	10 1 - 10
130	state langtone 136. COUNTY	nont 136. CITY OR TO		13e STREET ADDRESS 104	43 Kubec Terrace #3
24	FATHER'S NAME  PICE A ROBERT	AIDDLE Q LAST	15 MOTHER'S MAID	EN NAME , MIDDLE	de Last
16a.	WAS DECEASED EVER IN U.S. ARMEL		CURITY NO. 17. INFORMANT	ADDRESS	The state of the s
	(YES, MO, ORIUNKYOWN)   I IF YES, GIVE WAF	R ON DATES)			V
	DADTIDEATH WAS CAUCED BY	one cause per line far (a), (b), and (			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE C	CAUSE (a) Multipl			
-	Canditians, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF		
-	gave rise to immediate cause (a) stating the under-	(b)			
	lying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
	PART 2 DINER SIGNIFICANT CONDITIONS CON	(c)TRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITION GIVEN IN P	API 1 (a)	
N N					
CERTIFICATION	196. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY?
Ĭ					YES XX NO
W W	210 EXTERNAL CAUSE WAS	116 TIME OF INJURY HOUR A.M. MONTH DAY	YEAR	ED LENTER NATURE OF INJURY IN ITEM 18 F	
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	UNDERLYING XX OR CONTRIBUTING CAUSE OF DEA	ATH 2:20 PMAX 4 17		uto/auto collisi	on
MEDICAL CERTIFICATION	WHILE COLNOT WHILE CO	21e PLACE OF INJURY   AT HO STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
1	AT WORK XX AT WORK	road		ghway & Georgia	Ave., Silver
4	22a. I certify that I to ak charge a	of the remains described above, held	d an Autopsy XX, Inspection	on . Inquiry ., on	Spring, Montgomery
	death resulted from: Natural	dauses . Activent .	Hamicide .	Undetermined manner ,	
	ACTUAL	NA UPIC	TITLE (SPECIFY)		DATE 1_17_01
	SIGNATURE	way Min	M.D. Deputy C	h i extedical examiner	DATE   4-17-81
X	EXAMINER'S NAME Thoma	as D. Smith, M.D.	ADDRESS	II Penn Street	
230	BURIAL, CREMATION, REMOVAL 236	DATE 3/8/ TEL MAME O	OF CEMETERY OF CHEMATORY	Tetrospor tes	O COUNTY STATE
24	FUNERAL DIRECTOR	127011000	+6/11/11/1900	NECD AT REGISTRAR 258 BEGI	STRAR'S SIGNATURE
11	Sild, Bacan	3447-14	ESTINUS .		



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENI - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a DATE OF DEATH (TYPE OR PRINT) ELEN 3. SEX 4. RACE AGE (IN YEARS LAST BIRTHDAY DATS WHITE 80 70. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORECITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) USA Ohio WIDOWED DIVORCED 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 126 KIND OF BUSINESS Home Housewife DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Montgomery 9029-Fairview Road 13d INSIDE CITY LIMITS? Maryland YES TO NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Luby William Nora Dillon 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT AD 11304-Sunflower Driv 578-48-0729-M George W. Aitken Rockville, Maryland 18 CAUSE OF DEATH (Enter only one cause per lute for PART I. DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Rinsonis 19a. DATE OF 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO X NO F 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH OR CONTRIBUTING [ CAUSE OF OF ATH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINET) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STREET STATE NOT WHILE Jan Mai 22a.1 certify that (1) (this hospital) attended the deceased from May saw the deceased alive an\_ and that in (my) (ever) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did not) view the body after Beath. 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING MPORTANT 22ª ADDRES 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial CITY OR TOWN 29/81 Mt.Olive Cemetery BP Zanesville Ohio REC'D BY REGISTRAR 256. REGISTPAR'S SIGNATURE 24 FUNERAL DIRECTOR 11800-N.H.Ave DHMH - 16 50M 1/B1 Hines/Rinaldi F.H.Inc. Sil.Spg.Md. (VRA 15, 4) No 10 1

LITAN WATER MERTHERINERY Silver Signs HOLV (100 HOLVICE) Bousantle strangue 2001 201 vel -4500 E SEE ILE VICTO COME CONTROL and the fill the file The Party of the Control of the Cont 

	FOR STATE	#10a=22a F1		DEPART	MENT OF H	E OF MARY	MENTAL				3	3	3	1
10	REGIST		WE	MIDDLE	EXAMINI	R'S CERTI	IFICATE			REG. NO				
	1. DECEASED	(T)		WIDDLE		LAST		2	OF	KNOWN K			YEAR	2b. HOUR
PEASE CTOR. FILES. THEET,		MART		J.		ALE				MATED	-		19 81	A
50.00	3. SEX	4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDA				RONOUN	NCED	HTMOM	DAY	YEAR	3 124
29826	fema		1/27/3	3	48 YR	5.			DEAD		5	26	19 81	la M
3 最高に	7a BIRTHPLA FOREIGN CO	CE (STATE OR	76. CITIZEN OF W	HAT COU	VTRY?	MARRIED X	NEVER MAR	RIED	BALTIN	ORE CITY	COUN	ITY OF E	PEATH	
Ned Services	In	diana	USA			WIDOWED [	DIVOR		Mon	tgomer	y Co	unty	,	MD
SE E E	IO. CITY OR	TOWN OF DEATH	11. NAME OF HOS	SPITAL, NU	RSING HOME,	OR OTHER INST	TITUTION	120. USU	AL OCCU	PATION (TYPE	E OF WORK	12b. KII	ND OF BURNDUSTI	ISINESS RY
DELAY 3 TO TH IN PAGE 805.20		er Spring /	Holy Cr	oss I	Hospita				use					
AND AND	USUAL RESID	DENCE (IF IN NURSING HOME I			OR TOWN		IDE CITY LIMITS?							
ANY ANY ANY ANY ANY AND STEEL AND ST	Md.		nt.		S	YES		7	3123	Tama	raci	, D.	1	
A. IF	14. FATHER'S	NAME				15. MC	OTHER'S MAIL			AIDDLE	1.0		LAST	
ST., BALTIMORE, MD. 2120) COURS AFTER DEATH. IF ANY A. B. GIVE PAGES 1, 2, AND G. WITH FORM PM. 3. RETA MIT. PAGES 1 AND 2 SHOUL ALL DIVISION OF VITAL RECO	Kem:	it W. Houc	MIDDLE k		LAST	м	ery C	ather		Seib	0 - 1 -		LASI	
NO NO NO	16g WAS DE	CEASED EVER IN U.S. AR	MED FORCES?	16b. SO	CIAL SECURITY		ORMANT	ather	THE	ADDRESS	000	0	-1-	
ALTIMA AFTER IVE PA H FOR AGES I ISION	Non		WAR OR DATES	33	3 30 8	020 T	homas	11h	/1	مادين	ame	as	abo	ve
		AUSE OF DEATH (Enter or	nly one cause per line			7471_1	пошаѕ	AIDE	1	nuspa	na)	AF	PPROXIMATE	EINTERVAL
ESTON ST., B N 24 HOURS IN ITEM 18. G ALONG WIT SIT PERMIT. P HYGIENE, DIN MOVAL.	PA	ART I DEATH WAS CAUSE	D BY:	My	ocardit	is, pro	bably	viral				BETV	VEEN ONSE.	T AND DEATH
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STATE OF MARYLAND

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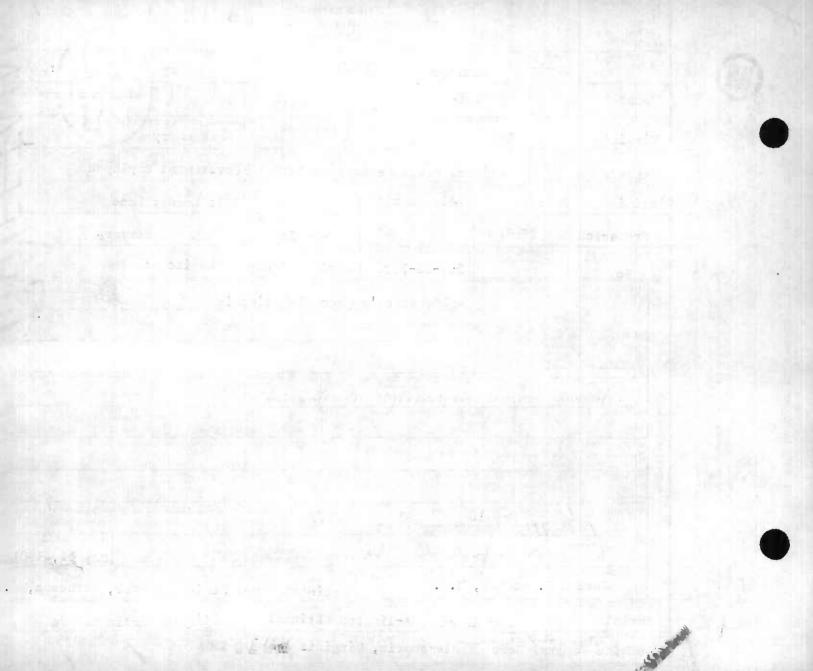
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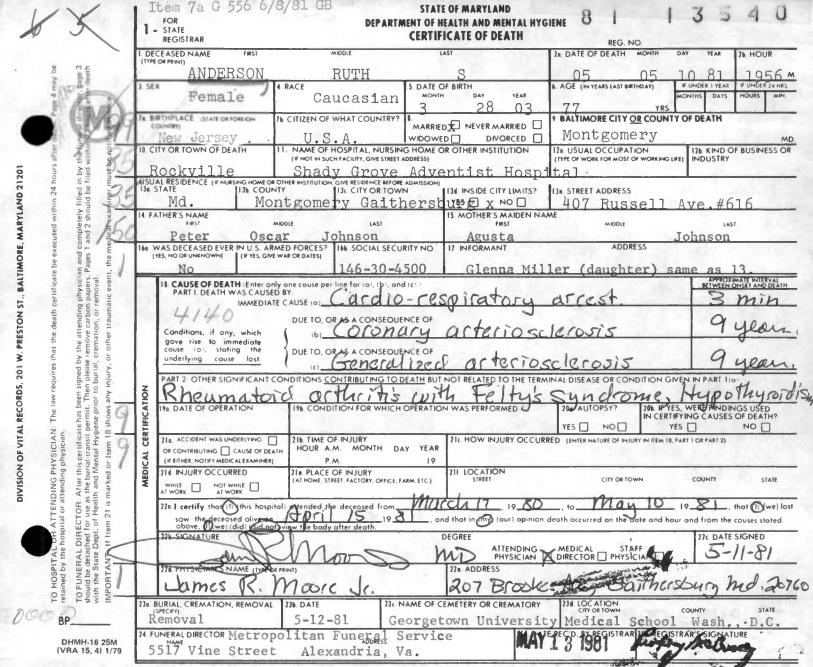
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

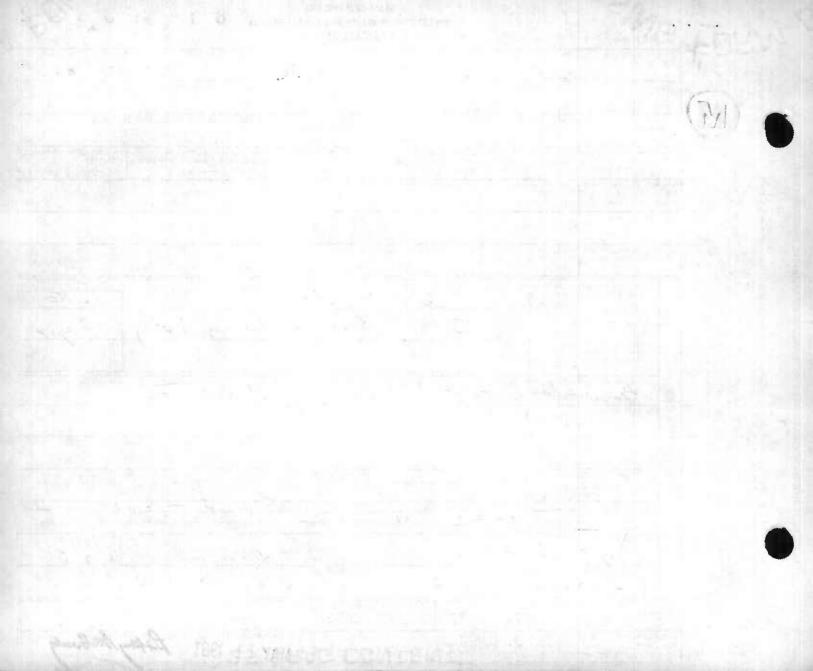




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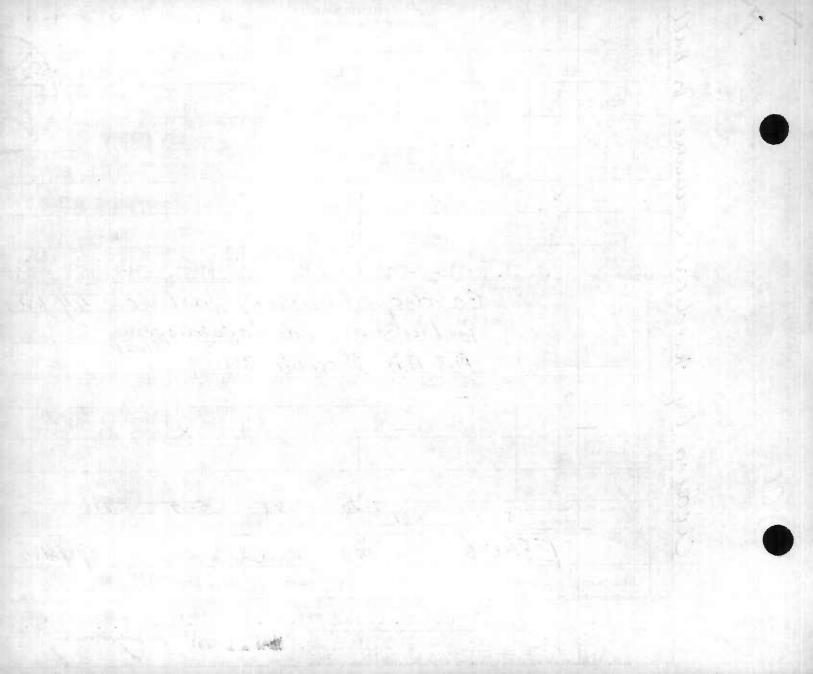
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4 00			Caucasian	S. DATE O		6. AGE (IN YEARS LAST BIRTH	DAY)  IF UNDER 1 YEAR  IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.  YRS.
death, Page uneral dired hin 72 hours	Lii.	est Virginia	U.S.A.	MARRIE WIDOW	DE NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR Montgomer	COUNTY OF DEATH  MD.
201 irs ofter by the filed with	T	akoma Park	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI	dvent		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Boiler Ma	VORKING LIFE) INDUSTRY
AND 212		AL RESIDENCE IF NURSING HOME OR OF STATE	OTHER INSTITUTION GIVE RESIDENCE BE TY 136. CHTY OR TO GeorneBrandy	NWC	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	arville Rd. 10-27
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TIMORE.	16a	WAS DECEASED EVER IN U.S. ARM  VER OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SE WAR OR DATES) 232-54		Beverly J.	Armbreste	5
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  NG PHYSICIAM: The law requires that the death certificate be executed within 24 haurs or attending physician.  ther this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled than Americal Hygiene prior to burial, cremation, or removal.  orked or them 18 shows any injury, or other traumatic event, the medical examinermust.	NO	PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSECT OF THE TOTAL OF THE	QUENCE OF		TIPLE WOUND OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  O LINUS  M O S  TION GIVEN IN PART I (0)
AL RECOF	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?  YES NO NO
SION OF VITA PHYSICIAN: TI ending physicia this certificate the buriol-transit and Mental Hygis d or them 18 sh	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	N ITEM 18. PART ) OR PART 2)
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ATTENDISPITOL or Spitol or CTOR: A Hor use or Heol		22a I certify that (I) (this bases saw the deceased alive and abave, (I) (was felich (did not) 27b SIONATURE	of attended the deceased from PP1 30 19 view the body after death.			, to MAY death accurred an the date	ond hour and from the causes stated
by the by the ERAL DI State De detoch State De MANT: If H		JAMES G.	Brunn		ATTENDING PHYSICIAN P	MEDICAL STAFF DIRECTOR PHYSICIA	11.10
TO HOSI retoined TO FUN should b	230	BURIAL, CREMATION, REMOVAL	BROLUN MI	)	HYAT	IZZI LOCATION	20785
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deoth.	C	RTHPLACE (STATE OR FOREIGN OUNTRY)  Maryland	USA	what country?	MARRIE		9 BALTIMORE CITY OR COL	me <b>rv</b> MD.
0 -0 3		Olney	(IF NOT IN SUC	tgomery (	enera	ROTHER INSTITUTION  1 Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK H. WITE	126. KIND OF BUSINESS OR INDUSTRY HOme
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e, MARYLA	14 F.A	Charles	H. Tr	out		Bettie	E. MIDDLE BOY	wen
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ITAL OR ATTENDI by the hospirol or ERAL DIRECTOR. A e detoched for use store Dept of Heal		22a.1 certify that (I) (this hospi saw the deceased alive an obove, (I) (aid in 22b. SIGNATORE 22d. PHTS CIAN'S NAME TYPE of	ti) view the body	V		d that in (my) Took opinion DEGREE ATTENDING PHYSICIAN 122e. ADDRESS	MEDICAL STAFF	d hour and from the couses stated
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O 10 O BP	24 FI	BURIAL UNERAL DIRECTOR RANCIS H. BARBI	MAY 12	4 (1)	Layto	20760 AYA	E REC'T SHE GISTRAND	Mont Md Md SISTRAM SIGNATURE

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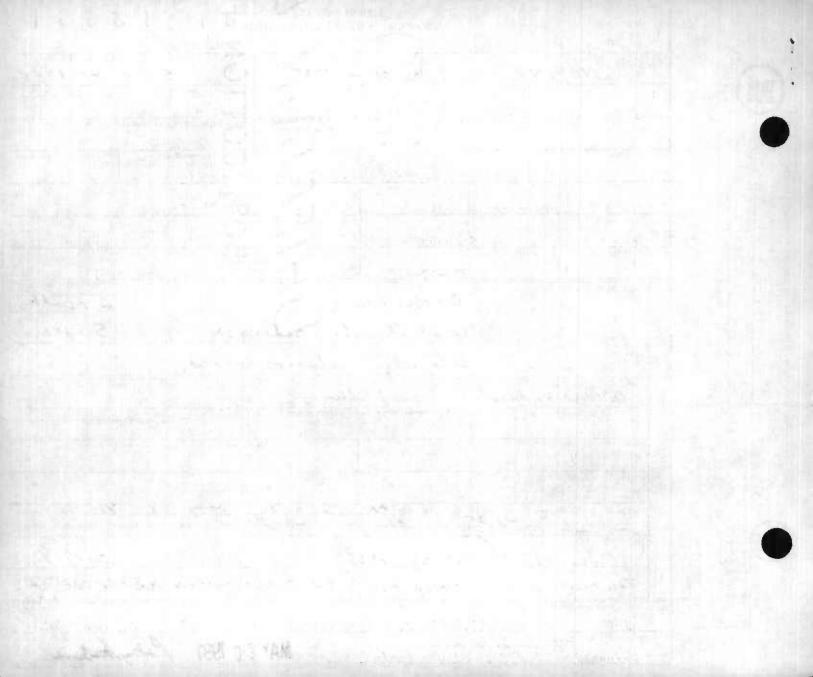
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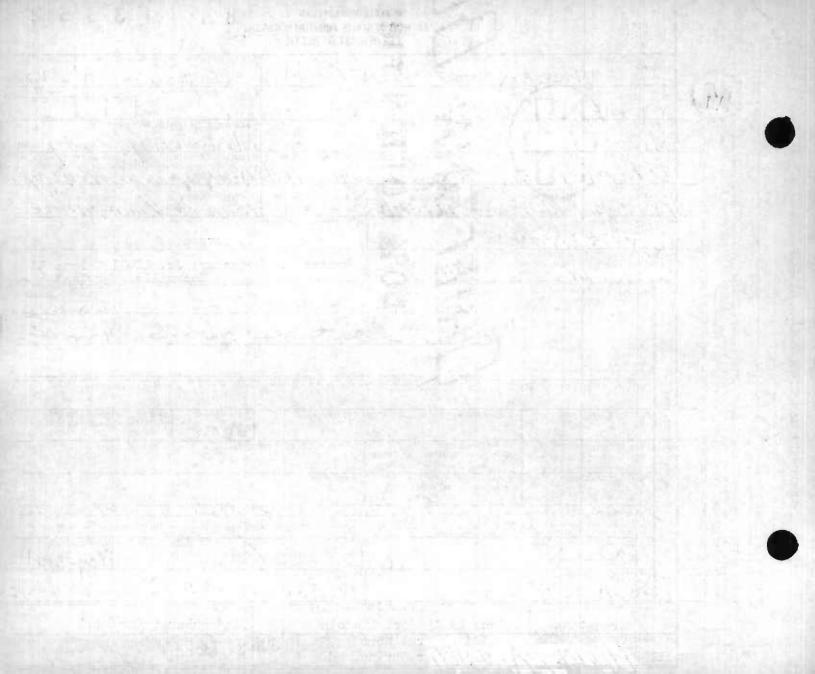
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14 and 47		RTHPLACE MATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE	BALTIMORE CITY OR COU	NTY OF DEATH
s offer by the filed with notified	10 C	IY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Kensington Gard	IG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORKIN	126. KIND OF BUSINESS OR
y filled in Should be feeffugt be	13a. 3	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Luland Monto	OTHER INSTITUTION GIVE RESIDENCE BEFOR	(N 13d INSIDE CITY LIM  A YES X NO	115? 130 STREET ADDRESS 4513 Maple Ave	nue
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te be execuicion and ci		(ES NO OR UNKNOWN) {IF YES, GIV	578-07-8	734 Edward R.	Husbana	e as 13
ertificate ig physic		PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b) on D BY: E CAUSE (a)	exea		BETWEEN ONSET AND DEATH  2 Marks
ne death c se affendir smave cark matian, ar r fraumatia	i	Canditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE	( 0	leross	5 years
ned by the please re unal, crer		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUI		e terminal disease or condition	CIVEN IN BART IV-
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The law ician.	CERTIFICATION	210 ACCIDENT WAS UNDERLYING			YES NOW IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
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ottending of the order of the order or the order or the order or the order or orked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME STREET FACTORY OFFICE F		CITY OR TOWN	COUNTY STATE
ATTENDI aspital or ECTOR: A d for use t. of Heal		saw the deceased alive on above, (I) (weddid) (did not	tol) attended the deceased from 19	and that in (my) (eyr) a	pinian death accurred on the date and I	
by the hores of the post of th		220 PHYSICIAN'S NAME (14PE O	to Borns		ING MEDICAL STAFF	5/18/81
TO HOSPITAL retained by 1 TO FUNERAL should be det with the State IMPORTANT:	22	THOMAS F	= O'CONWOR		CUIS GONSEN AN	S RETURNA
BP	I	URIAL, CREMATION, REMOVAL SPECIFY) SURIAL INERAL DIRECTOR FRANCE	May 21, 1981 St	NAME OF CEMETERY OR CREMA  . Mary's Church	CITY OR TOWN	Pr. Geo. Md.
DHMH - 16 50M 1/B1 (VRA 15, 4)		NAME I LUITO	is J. Collinsoress vd. W. Silver S		IAY 2 0 1981 Ping	Ty Ke Brook



STATE OF MARYLAND



8	1	FOR STATE REGISTRAR	D	EPARTMENT OF HEALTH AN CERTIFICATE O		REG. NO	D.	) j	<b>3</b>
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age 4 ma tor, pa siter d	3 5	Female	Cauc	S DATE OF BIRTH	1 12 (	AGE (IN YEARS LAST BIRTI	YRS.	HS DAYS H	UNDER 24
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ompletely and 2 sho	5	L. FIRST En	ORY BE	WILETT M	ER'S MAIDEN NAME	OLIVE		MUR	RAY
nan and co	160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GM		40-5148 L.	Emory Be	nnett TI	ss 601 Bethe	MAITE MY VILLO APPROXIMAL BETWEEN ONS	39C.
equires that the death ceft signed by the attending ph in please remove carbon po burial, cremation, or rem injury, or other traumatic	7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO	NSEQUENCE OF	TED TO THE TERMINA	0	DITION GIVEN	IN PART I(a)	yu
1: The law / te has been : permit. The iene prior to 3 shows any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	7 WHICH OPERATION WAS PER	RFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYING YES	G CAUSES OF	S USED F DEATH
HYSICIAN I physician. is certificat ial-transit p fental Hygi or Item 18	MEDICAL CER	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, MOTHY MEDICAL EXAMINER)	HOUR A.M. MON	TH DAY YEAR	V INJURY OCCURRED	(ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1	OR PART 2)	
ttending ttending After th s the bur th and M marked	MED	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY	OFFICE, FARM, ETC.)		CITY OR TOW	/N (	COUNTY	STAT
TTEN al or a TOR: Use a f Heal	b	27e I certify that (I) (this haspi saw the deceased alive on above, (I) (we) (and) (did no	may 5	19.8/ and that in (r	my) (and opinion deci			d from the cou	GNED
TO HOSPITAL OF A retained by the hospita TO FUNERAL DIREC should have a should be detached for with the State Dept. of IMPORTANT: If Item		224. PHYSICIAN'S NAME (HIPE'S	PRINT)	220 ADD	PHYSICIAN D	RECTOR PHYSIC	IAN 🗌	5-10	0-8

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 20 DATE OF DEATH 2b. HOUR LIVEE OR PRINTS 22 81 CECELIA RERRY 5 MARGARET 4 RACE METINDER LYEAR AGE (IN YEARS LAST BIRTHDAY) MONTH hemale: white. 26 99 BALTIMORE CITY OR COUNTY OF DEATH Ta. BIRTHPLACE (STATE ON FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsulvania WIDOWEDIX DIVORCED T Montgomery THE KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Takoma Park Washington Adventist Hospital Housewike. USUAL RESIDENCE (IF NUIS 130 STATE 13e. STREET ADDRESS Silver Spring YES X 612 McNeill Road Maruland Montaomeru I FATHER'S NAME 15 MOTHER'S MAIDEN NAME John Timlin Langan Mary 17 INFORMANT Daughter In WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. IVES NO OR UNKNOWNS LIE YES GIVE WAR OR DATES Joanne Brown 302 Dale Dr. Silver Spring, Md. No 18 CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c) PERFORATED HOLLOW VISCUS = MEMORY AND DEATH PART I. DEATH WAS CAUSED BY NER 1 TONITIS IMMEDIATE CAUSE (o)\_ AS A CONSEQUENCE OF ROBABLE OBSTRUCTION OF COLON Conditions, If ony, which gove rise to immediate couse io, stating the UNKWOWN DUE TO, OR AS A CONSEQUENCE OF underlying DSSIBLE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO PART 2 OTHER SIGNIFICANT CONDITIONS 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED In DATE OF OPERATION 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTHEY MEDIC ALEXAMINER) 21L LOCATION 21e PLACE OF INTURY CITY OR TOWN STATE (AT HOME, STREET FACTORY, OFFICE FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on 5-22-, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove, (1) (we) (did) ( SIGNATURE DEGREE 22c DATE SIGNED ATTENDING 5-22-81 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ROO PERSHING 22d. PHYSICIAN'S NAME (TYPE OR PRINT should be with the S SMITH, DWIGHT SILVER SPRING, MD. 20910 236 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY Arlington Arlington National Van May 26, 1981 24 FUNERAL DIRECTOFFRANCIS J. Collins ADDRESS DHMH - 16 50M 1/B1 (VRA 15.4) 500 University Blvd. W. Silver Spring. Md.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

· . 605 .d'vol. . ' . . coviet tt mest ma n ordina u. cu. i 2204 Hiddel H. Lay abey. 9935 Meatorn Ave., It. . Marth. damed Younghland, h. a. 1930 Sust. ve., S. . Man., J. S. Joseph Part on Inc 

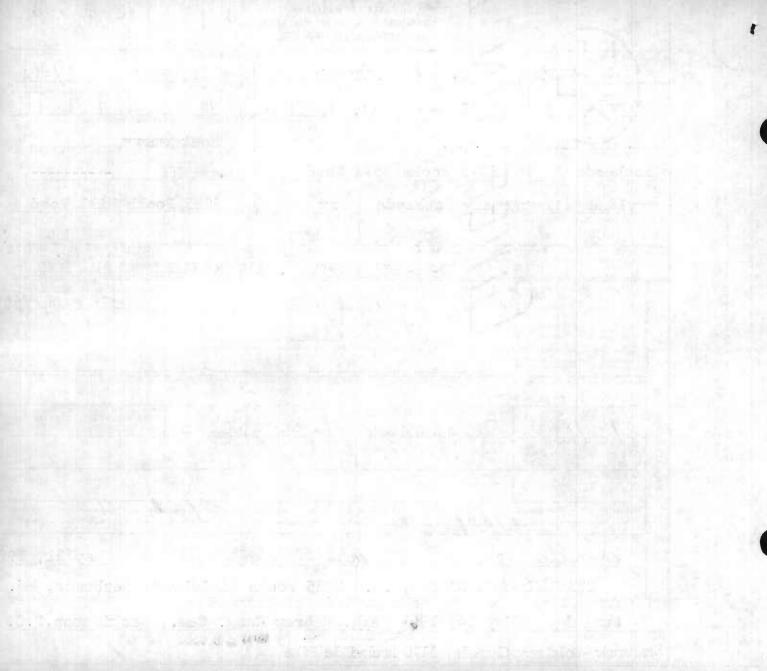
lo ·	11-	FOR STATE	,21b-22a		DEPARTMEN		H AND ME	NTAL HYGIE	ATL	1 ;	3 5	5	1
15	T. DE	CEASED NAME CORPRINTS	FIRST Her		MIDDLE	WINEK 2	Black		20. DATE KNOW OF ESTI- DEATH MATE			YEAR 2, 81	2b. HOUR
RY, PLEASE DIRECTOR OUR FILES 172 HOURS	3. SEX		4. RACE white	5. DATE OF BIRTH	1927 5	GE (IN YEARS IF U	NDER TYR.	FUNDER 24 HRS		мон <b>5</b>			2d. HOUR B:35P
METERSAN MET		RTHPLACE (5) REIGN COUNTRY)	TATE OR		VHAT COUNTRY?	10	= =	ER MARRIED [	9. BALTIMORE C			1 /	MD.
DETAILS OF THE STATE OF THE STA	Si	ty or town	rings	1131 Ut	SPITAL, NURSING FACILITY, GIVE STREET A LIVERSITY	Blvd Ap		FOI	SUAL OCCUPATION R MOST OF WORKING LIFE HYSICAN	(TYPE OF W		IND OF BU OR INDUSTI	RY
T 00 T O 00	1	10	(IF IN NURSING HOME O	OR OTHER INSTITUTION,		SPRING	13d, INSIDE CIT YES	Y LIMITS? 13e. ST	REET ADDRESS	ens	Ju B	Chock.	-West
SALTIMORE, MD. 2 SAFTER DEATH. IF GIVE PAGES 1, 2, ITH FORM PM. 3. PAGES 1 AND 2.SH WISSION OFWITALE	7	THER'S NAME	D EVER IN U.S. AR/	WIDDLE	BLACK	ECHPITY NO	FIR	NCHE	MIDDLE	DECC	Co	HEN	
BALTIMOR JRS AFTER DE GIVE PAGE WITH FORM WITH FORM DIWISION OF		es, no, or unkno	WN) (IF YES, GIVE	WAR OR DATES)	166 SOCIAL S		RIVER	SSIDE M	EMORIAL		ONEY	JSLA APPROXIMATE	
DS, 201 W. PRESTON ST KECUTED WITHIN 24 HOU IG" IN PENCIL IN TEM 11 'AL EXAMINER ALONG BURIAL - TRANSIT PREWI AND MENTAL HYGIENE, ATION, OR REMOVAL.		Canditiar gave ris cause (a) lying cau	ns, if any, which se to immediate stating the under-	(b)	r as a consequ	JENCE OF			xication lar disea	80-	BET	TWEEN ONSE	AND DEATH
F VITAL RECORDS. TE SHOULD BE EXECUTE WORD "PENDING". TE CHIEF MEDICAL TO BE USED AS A BUT OF HEALTH AND OF BUT OF HEALTH AND OTHER PURPLY.	CERTIFICATION	19a DATE OF			DITION FOR WHIC	H OPERATION	VAS PERFORM	AED?				AUTOPSY?	NO [
SICKTIFICATE SHOULD STREED TO THE WORD "PER SHOULD THE WORD "PER SHOULD BE USED A FE DEPARTANIO OF HEAD OF PER SHOULD BE USED A FE SHOULD BE USED	MEDICAL CER	UNDERLYING	NG CAUSE OF I	DEATH ? P. 21e PLACE STREET, FA	M. MONTH DAY M. 5/22/8 OF INJURY (AT CTORY, FARM, ETC.)	YEAR	SCATION STREET	elf inge	CITY OR TOWN		COLINIA		STATE
DIVIS  TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 S AFTER DEATH, WITH THE STATE DEP BALTIMORE, MARYLAND, 21201 PR		220 I certific death results  ACTUAL SIGNATURE	AT WORK  At I taak charg		escribed abave, he Accident		Hamicie	ECIFY)		Mont.			3/81
O MEDIC KECUTE IN AGE 4 ST AGE 4 ST FTER DEA ALTMOR	4	EXAMINER'S (TYPE OR PRII	VT)						Street,B	alto.	,MD 2	21201	
BP	B	UNERAL DIRECT	Remodel 1	5/24/8		ERSIDE	- 12		OCATION YORTOWN OD D BY REGISTRAR 25b	REGISTRA	COUNTY NEW R'S SIGN	Jee	SEY
DHMH - 17 (VR A15 ME (5) ) 15M 2/80	5	oh LE	VINSONO	13RGS	GOIORE	ISTERST	ow W	MAY 2	8 1981	tion	ay M	Chron	4_

- A - William Could be a second to D. D. T. Anna a second to a 1100 

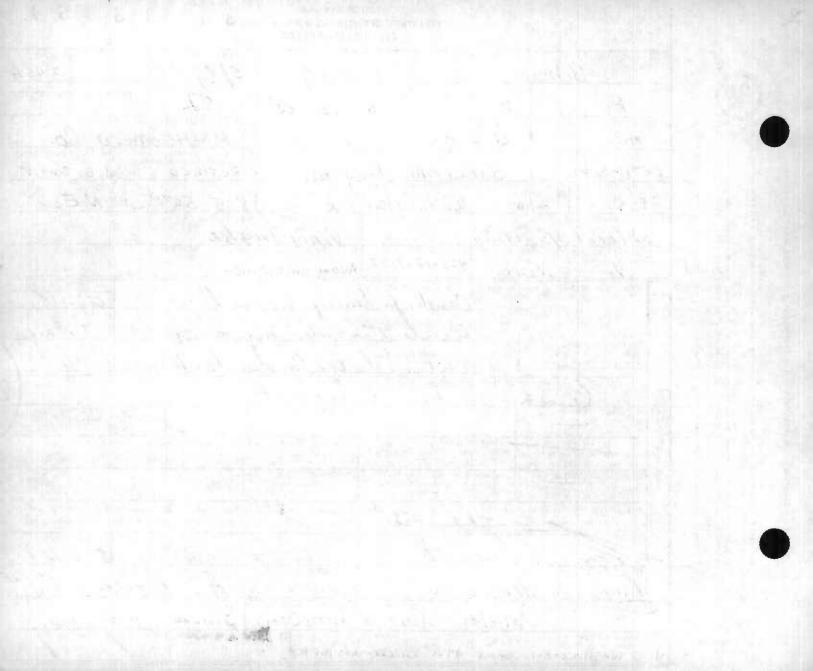
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

'	REGISTRAR			CERTIF	ICATE OF DE	ATH	RE	G. NO.		
	CEASED NAME FIRST	٨	AIDDLE	L	AST	100	20. DATE OF DEA		DAY YEAR	2b HOUR
(TYP)	EDY	THE	0.	BT.	ICHER	1	May 21	. 1981		930 1
3 SE		4 RACE		5. DATE C	OF BIRTH	•	6. AGE IN YEARS L		IF UNDER I YE AR	
	Female	Whi	te	OCT	_	1907	73	YRS	MONTHS DAYS	HOURS MIN.
7a. B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	R	D 🕅 NEVER MA		9. BALTIMORE C	TY OR COUN	TY OF DEATH	
DI	ST. OF COLUMB	IA U.S	S.A.	WIDOWE		RCED	Mon	tgomer	V	MD
10. C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	NG HOME C	OR OTHER INSTIT	JTION	120. USUAL OCCI	JPATION AOST OF WORKING	126. KIND	OF BUSINESS OR
	Bethesda		5 Pooks		1 Road		HOUSE			
USU 13a. S	AL RESIDENCE (IF NURSING HOM		GIVE RESIDENCE BEFORE		13d. INSIDE CITY	LIMITS?	13e. STREET ADDE	RESS		
Ma		ntgomery				0 🗆	5225	Pook	s Hill	Road
14 FA	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S M	AIDEN NA	ME	DLE	14	451
	JACOB		OURISM	1AN	MAF					RISON
	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES?	166 SOCIAL SECU	URITY NO.	17 INFORMANT	(Husb				MD. 2001
		NONE	577-05-3	3027	HAROLD	M. BL	ICHER 5	225 POO	KS HILL	
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r anly ane cause per	line for (a), (b), an	id (c).)					BETWEEN	XIMATE INTERVAL
		JSED BY: DIATE CAUSE (a)	milk	30	nome	7			auci	18198
	1909	DUE TO OF	R AS A CONSEQU	ENCE OF					1	7
	Conditions, if any, which	(b)	mil	asi	alke					
	gave rise to immediate cause (a), stating the	DUE TO, OF	R AS A CONSEQUE	ENCE OF						
	underlying cause last	( (c)								
7	PART 2 OTHER SIGNIFICAT	NT CONDITIONS CO	ntributing to	DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART 1	la
CERTIFICATION	nor	l l								
ICA	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	NED.	200 AUTOPSY		YES, WERE FIND TIFYING CAUSE	
RTIF	2/ 180	m	elant	Thi Q	Mey	2	YES NO		YES	NO 🗆
	210. AÉCIDENT WÁS UNDERLYING OR CONTRIBUTING CAUSE OF			AY YEAR	216 HOW MINJU	RY OCCURE	RED (ENTER NATURE C	DE INJURY IN ITEM I	8 PART I OR PART 2)	
ICAI	(IF EITHER NOTIFY MEDICAL EXAM	INER) P.		19	ļ					
MEDICAL	21d INJURY OCCURRED	21e PLACE (	OF INJURY EET FACTORY OFFICE F	FARM ETC )	211 LOCATION STREET		CITY	ORTOWN	COUNTY	STATE
_	AT WORK AT WORK						-	1 11	(a)	
	22a L certify that (1) (this h				18	19.00	ta 3	2.0	- 1	, that (II (we) last
	saw the deceased alive above, (I) (we) (did) (did	not) view the bady	ofter death	1 0		apinion i	death accurred on	the date and h		
	22b. SIGNATURE	0.	120		DEGREE	ENDING	MEDICAL	STAFF	7.565	E SIGNED
	exelle	4 / Tell	0111	h 1	110 . PH	YSICIAN A	DIRECTOR P		May	21, 1
	274 PHYSICIAN'S NAME (T		DODEON	D	22e ADDRESS	D: 1	77 4 7 7 7	n 1	n . 1	1 261
	STANL		PORTON,				s Hilld		bethes	da, Md
	BURIAL, CREMATION, REMO		1		EMETERY OR CRI		23d LOCATION	WN	COUNTY	STATE
	Burial	May 2	4, 1981	. Was	h. Hebi					con, D.C
	UNERAL DIRECTOR	-			lle, Md.		FREC'S. BY REGIS	RAR 25b. REG	STRAR'S SIGNA	TURE
Da	anzańsky-Goldb	erg Chape	ls; 1170	Rock	ville Pi	ke 💀	9.0 4			-

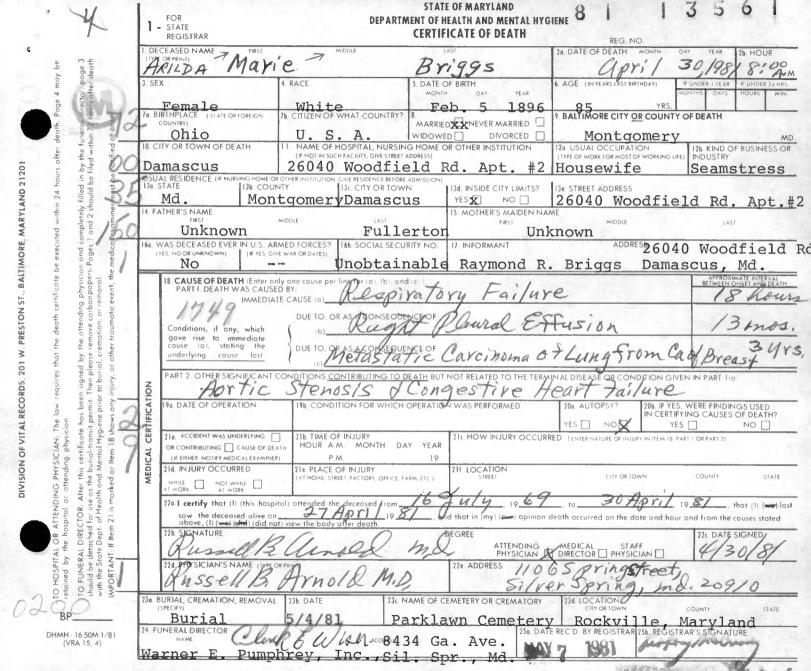
DHMH - 16 50M 1/81 (VRA 15, 4)



	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	3 5 5 9
M		CEASED NAME FIRST OF PRINTS	MIDDLE	Bolling 15. DATE OF BIRTH	5 8 8 1	DAY YEAR 26. HOUR  3:45 A  IF UNDER 1 YEAR IF UNDER 24 HRS
- CON		M	B	MONTH DAY YEAR	72 YRS	MONTHS DAYS HOURS MIN.
meral 6	7a. B	RTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN	1
ofter of the field will ged with	B	ethesda	(IF NOT IN SUCH FACILITY, GIVE	an Haspital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING RETIRED	126 KIND OF BUSINESS OR
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be fill	13a. S		THER INSTITUTION, GIVE RESIDENCE Y 13c. GITY OR WASI	TOWN YES TO NO	13e STREET ADDRESS AND S	St. N.E.
MARYLA mpletely bond 2 sho	IIC FA	ATHER'S NAME  A BERST  BORNAL  MIE  ME  ME  ME  ME  ME  ME  ME  ME  M	SIII LAS	15. MOTHER'S MAIDEN N FIRST	By lor MIDDLE	LAST
BALTIMORE, M. cote be executed ysicion and comp ppers. Pages I an vol. tt, the medical ex				SECURITY NO. 17. INFORMANT 8-7/38 AVON VALEN	ADDRESS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IRECORDS, 201 W. PRESTON ST., BALlow requires that the death certificate states signed by the attending physici ermit. Then please remove carbon appeare prior to buriol, cremation, or removal.	ATION	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  (c)  CONTRIBUTING  CONTRIBUTING	to Tuluday h	20a AUTOPSY? 20b. IF Y	'ES, WERE FINDINGS USED
A ion ion	AL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		DAY YEAR	YES NO PRED (ENTER NATURE OF INJURY IN ITEM )	TIFYING CAUSES OF DEATH? YES NO 8 PART 1 OR PART 2)
P P P P P P P P P P P P P P P P P P P	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDI pital or TOR: A for use of Heal		22a.1 certify that (1) (this haspital saw the deceased alive on abave, (1)			ta 5 - 8  n death occurred on the date and h	our and fram the causes stated
OR he he oche	_	12h SIGNAHAR	Mylico		MEDICAL STAFF DIRECTOR   PHYSICIAN	ST 8 8/
TO HOSPITAL retained by 1 TO FUNERAL should be det with the Start MAPORTANT:		FRANCIS C	MAYLE DV	8200 WISCIA		YOUND MD
BP	23	BURIAL CREMATION, REMOVAL (SPECIFY)	23b. DATE 5/12/81	236. NAME OF CEMETERY OF CREMATORY LINCOLN MEM. CEM	CITY OR TOWN	COUNTY STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME S. WASHINGTON +	Sons 4925	RESS BULLOWERS DUE N.C.	REGISTRAR 25b REG	STRAD'S SIGNATURE

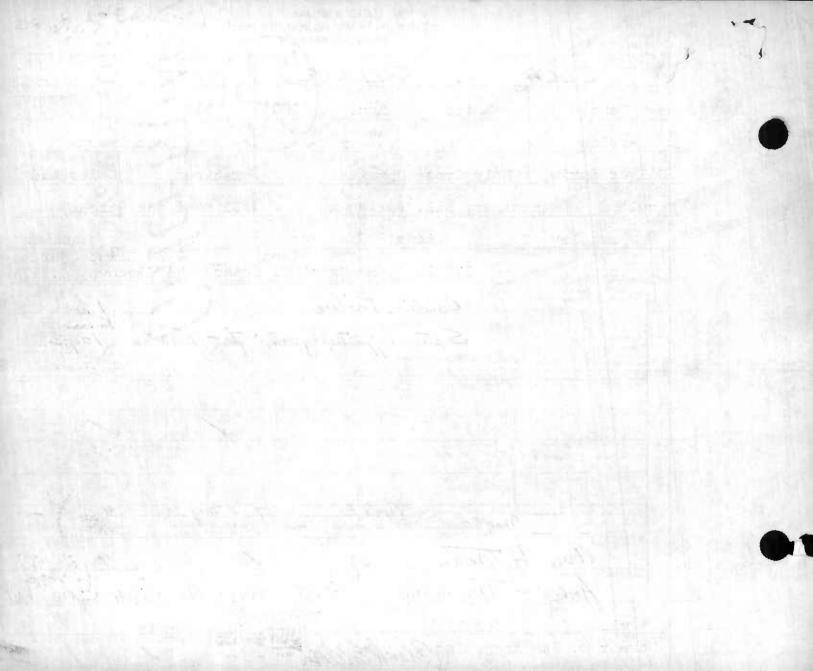


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FOR	DEPART	MENT OF HEALTH AND MENTAL HYG	Corone	John Rogers
- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	2
I. DECEASED NAME FIRST	WIDDLE	D = 1 = C = C	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR A.
3. SEX	J.	BRISCOE 15. DATE OF BIRTH	May 30, 19	81 8:29 M
Female	White	Apr. 4 1900	0.1	MONTHS DAYS HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY	OF DEATH
Maryland	USA	WIDOWED X DIVORCED	Monto	omery MD.
Silver Spring	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
	Holy Cross	Hospital	Retired	Sales Lady
130 STATE 136 COU			13e STREET ADDRESS 935 Bonifant	Street.
14 FATHER'S NAME	3 4	15. MOTHER'S MAIDEN NA	ME	0020407
Bradley	J. Rigg	s Ida	MIDDLE C.	Watkins
	RMED FORCES? 166 SOCIAL SECTIVE WAR OF DATEST	(5011)	ADTAISIO F	lint Court
no -	<b>578-30-</b>	4949A Brent T. I	Briscoe-Middle	town, Md. 21769
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line for (a), (b), or	nd re-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	TE CAUSE (0) Candu	re Failare		1 hour
4289	DUE TO, OR AS A CONSEOU	ENCE OF O ~	an lot	Known
Conditions, if any, which gove rise to immediate	(b) Septal	hyperhophy uxthe	rither obstruction	10yps
cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEOU	ENCEOF		
	CONDITIONS CONTRIBUTING TO	DEATH BUY NOT DELATED TO THE TERM		
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 1(o
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?
210 ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY	21c HOW INJURY OCCUR	YES NO YE	NO [
	HOUR A.M. MONTH D	AY YEAR	Triates indicate Or majoral manifem 18 (	
CIP EITHER NOTIFY MEDICAL EXAMINE 212 INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION		
WHILE NOT WHILE O	(AT HOME STREET, FACTORY OFFICE	FARM ETC ) STREET	CITY OR TOWN	COUNTY STATE
0	utal) attended the deceased from	april 3 19/959	, 10 Mey 30	1981, that (I) () lost
sow the deceased alive or above, (I) (we) (did) (did)	n Way 30 19 5	, and that in (my) (and apinion	death occurred on the date and hou	r and from the couses stated
22b. SIGNATURE	//	DEGREE		224. DATE SIGNED
Claron	H. Traum	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Mey 31 1901
22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	1 0	20910
MARON	H, IRAUM MI	2 8915 6	eoroja Ave Sile	ver Spring Mid
230 BURIAL, CREMATION, REMOVAL	L 23b. DATE 23c.	NAME OF CEMETERY OF CREMATORY Memoria	1 (36) LOCATION	COUNTY STATE
Burial	6-2-1981 G	len Haven Pairk	Glen Burnie	Md.
Warner E. Pum	phrey, Inc	log July	RECUM LEGISTE ARTON REGIS	RAR S SIGNATURE
8434 Ga. Ave.	S.S. Md Coll	ma Gulla ""	200	
	,			100 mm - 100



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STATE OF MARYLAND

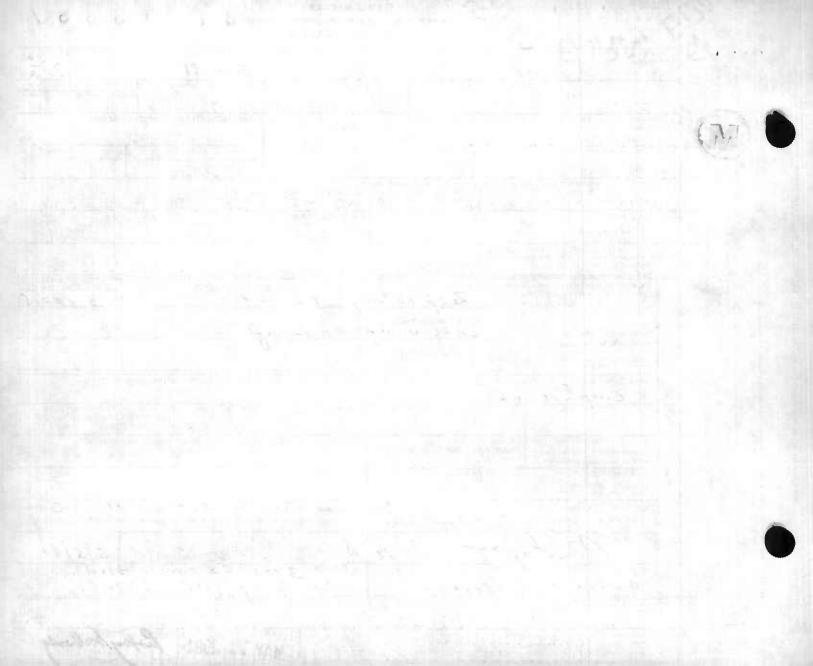
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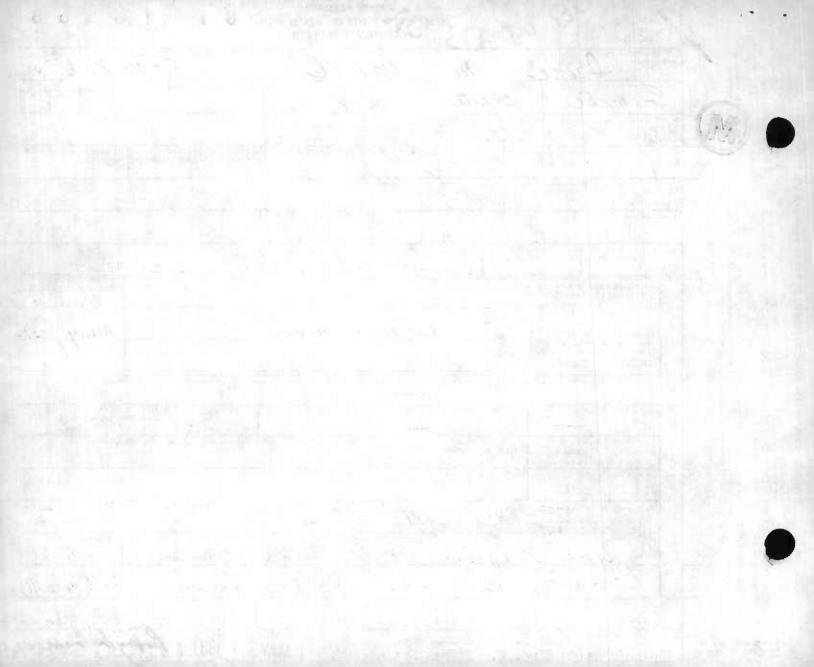
8	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALT	MAKTLAND H AND MENTAL HY TE OF DEATH	GIENE REG. NO.	3 3 0 3
deoth		CEASED NAME FIRST OR PRINT)  EM M	A MATILY	BUR	26 875	20 DATE OF DEATH MONTH	23, 1981 (050 M
	3. SE	Female	Caucas ia	n 5. DATE OF BIR	10 1898	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
Ł	W		U.S.A.	WIDOWED)	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COU	NTY OF DEATH
0	Si	lver Spring	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S CAZRIASE	RSING HOME OR OT TREET ADDRESS)	HER INSTITUTION	120 USUAL OCCUPATION	NG LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
5	Ma	AL RESIDENCE (IF NURSING HOME OR )		PWNSp. 13d.	INSIDE CITY LIMITS?	13.15246016ment	Place
00		thony M	Bauers	15. A	Cather in	S WIDDIE	Barret
1	160 V	VAS DECEASED EVER IN U.S. ARA O NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIALS	M K XXXX XXX	ELEN C. NOT		3269 BEECH ST., N. WASHINGTON, D.C.
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATION	y one couse per line for (o), (b) BY: E CAUSE (o)	LONG LACE REACTION	THROM	Boris	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  COSTK
		Conditions, if any, which gove rise to immediate cause (a), stating the	)	NETS KAZ	AKTERI	OSCEROSIS	3-4 NEHR
	z	underlying couse lost  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE		RELATED TO THE TERA	AINAL DISEASE OR CONDITION	GIVEN IN PART 110
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	ICH OPERATION WA	S PERFORMED	200 AUTOPSY? 20b. IF IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \bigcup  \text{NO} \( \bigcup \)
9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
-	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFF	ICE FARM ETC.)	LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is morked		22a.1 certify that (1) (mile hospin sow the deceased alive an above (1) (we) (did) (and not		987, and the	, 19 6 2 1 in (1) Opinian	death occurred on the date and	hour and from the couses stated
NT. If Ited		226. SIGNATURE	i. Roberts	1.D	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	5/23 (81
IMPORTAL			. Rosats	6		AUE SILVER	SPRING, MD.
	23a B	URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	5/27/81	GATE OF	ERY OR CREMATORY	23d LOCATION SILVER SPRING	MONT STAND.
/B1			S J. COLLINS	55	25a. DAT	E RECID. BY REGISTRAR 251-REC	SERAR S DINATURE

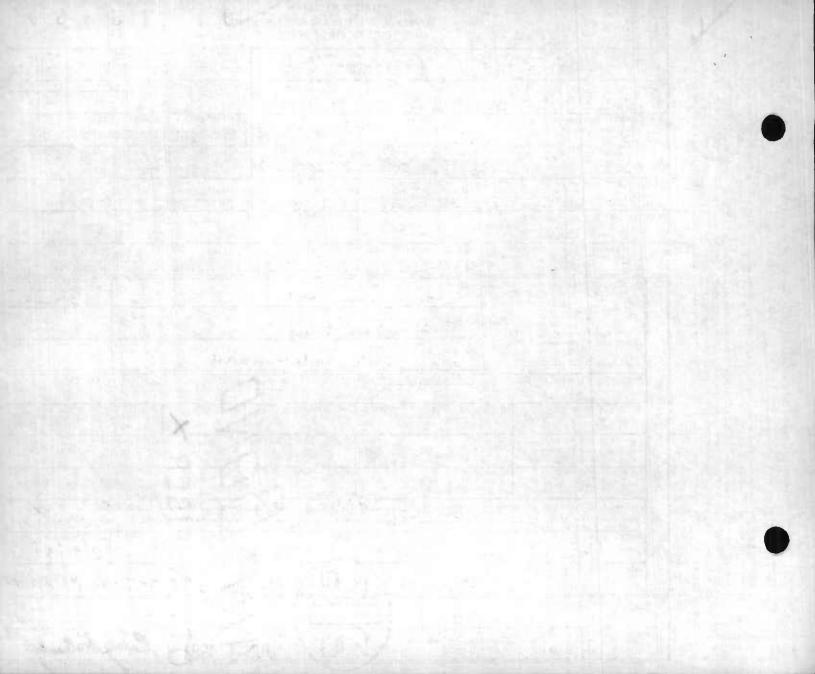
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		Consent		- ( - 1, 2)		201 Of 1
				M. T.		
Y.						
			10 \S 4			

DEPARTMENT OF HEALTH AND MENTAL HYGENE  1. STATE REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  NEG. NO.  1. DECEASED NAME (TYPE OR RRINT)  George  W. Burke, Jr.  SEX  4 RACE  5. DATE OF BIRTH DAY YEAR  1. SEX  4 RACE  5. DATE OF BIRTH DAY YEAR LAST BIRTHDAY) MONTH DAY YEAR LAST BIRTHDAY MONTH DAY YEAR LAST BIRTHDAY MONTH DAY YEAR  1. DECEASED NAME (TYPE OR RRINT)  SEX  4 RACE  5. DATE OF BIRTH DAY YEAR LAST BIRTHDAY MONTH DAY YEAR LAST BIRTHDAY MONTH DAY YEAR NONTH DAY YEAR  MARRIED  MARRIED  MARRIED  MONTH DAY YEAR  MONTH PRONOUNCED  DEAD  MONTH DAY YEAR  MONTH PRONOUNCED  DEAD  MONTH DAY YEAR  MONTH DAY YEAR  MONTH PRONOUNCED  MONTH DAY YEAR  MONTH DAY YEAR  MONTH PRONOUNCED  MONTH DAY YEAR  MONTH PRONOUNCED  MONTH DAY OF COUNTY OF COUN	10:45 A. M
George W. Burke, Jr.    Bath Mate   5/23 19 81	
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BU	111
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BU	0145
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (1796 OF WORK 1/2b. KIND OF BU	A - M
2 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BU	7.1
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BU	AAD
	INESS
Kensington    Sanitary Engineer   Water Power	
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  130 STATE  130 COUNTY  131 CITY OR TOWN  131 INSIDE CITY LIMITS  132 STREET ADDRESS  (U.SPublic Heal-	
Maryland Montgomery Kensington   13d. INSIDE CITY LIMITS?   13e. STREET ADDRESS   13e. STREET ADDRESS   13e. STREET ADDRESS   11222 Woodson Avenue	
14 FATHER'S NAME	
George Walter Burke Rachel Taylor	
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
Yes WW II 267-14-7009 Edna L. Burke Same as Item # 13	
18 CAUSE OF DEATH (Enter only one course per line for (a) (b) and (c))	NIERVAL
PART I DE ATH WAS CAUSED BY:	AND DEATH
1919 IMMEDIATE CAUSE (a) Glioblastoma. Years	
Canditians, if any, which	
gave rise to immediate (b) Cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF	
Z lying cause last	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
None	
None  190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED?  YES  None 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY HOUR AM MONTH DAY YEAR 1210, HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
None YES DO	NO 🗌
210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c, HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19 None	
UNDERTYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 NONE  21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)  WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNTY	
WHILE NOT WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNTY	STATE
22a   certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry X, and in my apinion	
death resulted fram: Natural causes 🐰 , Accident 📋 Suicide 🗐 , Hamicide 🚅 Undetermined manner 📋 ,	
ACTUAL CLE (SPECIFY)  DATE 5/33/1	27
SIGNATURE DATE SIGNED 5/23/	)
270   Certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry X, and in my apinion death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner ,  TITLE (SPECIFY)  ACTUAL SIGNATURE  EXAMINER'S NAME	
(TYPE OR PRINT) John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery, Md.	
236 BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY CITY OR TOWN SUITLAND, Md.	TE
24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.   250. DATE REC'D. BY REGISTRAR'S SIGNATURE	
24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.    250. Date REC'D. BY REGISTRAR   250. REGISTRAR'S SIGNATURE   130. Date REC'D. BY REGISTRAR'S SIGNATURE	
Jayo was not not name, book	-

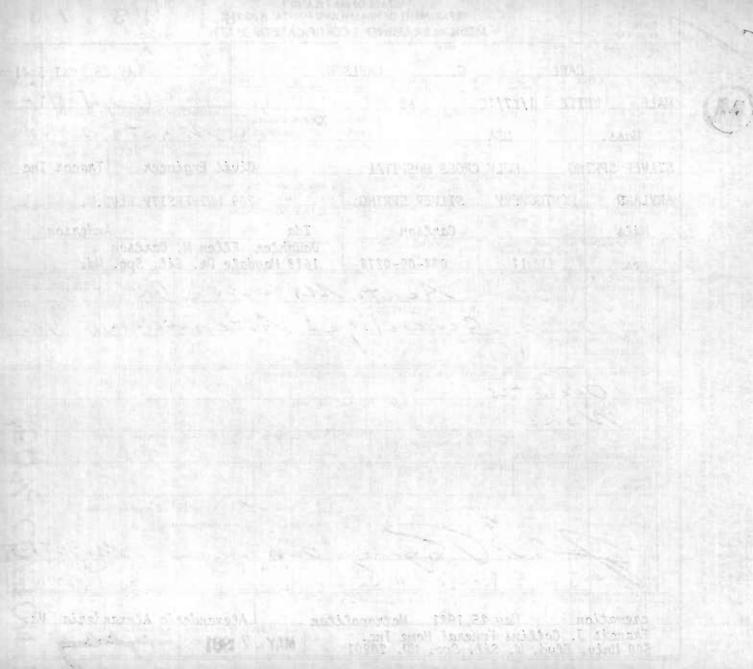
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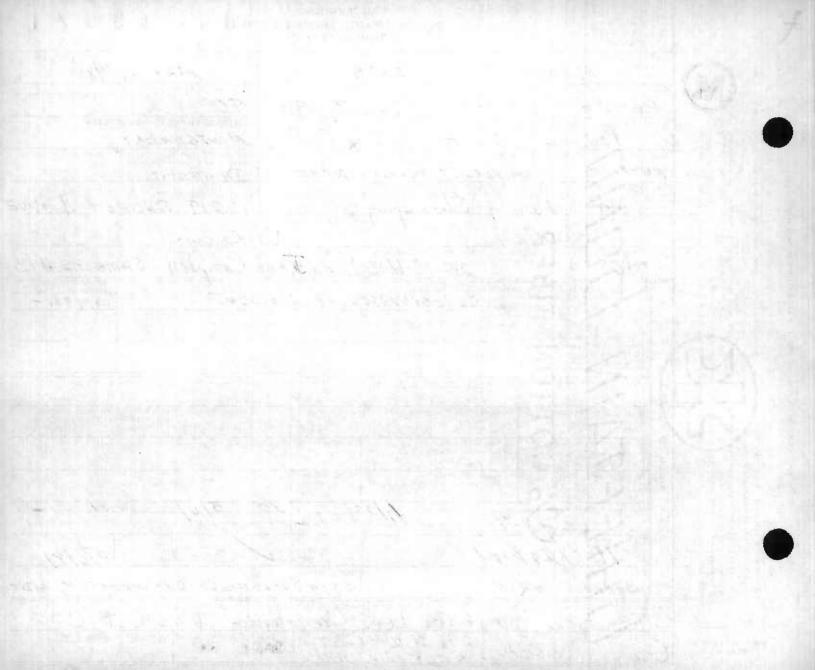




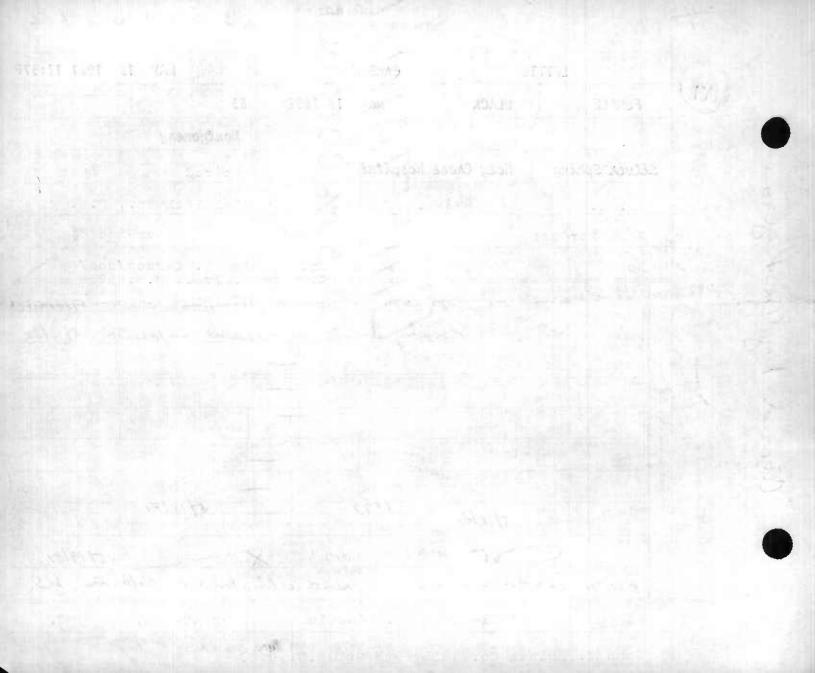
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Ì	I. DECEASE		ST .	WIDDLE	LAST	20. DATE KNO	OWN DO MONTH	DAY YEAR 26. HO	UR
1	(TYPE OR PRI	CAR	1	0	OLDLOON	OF ES	STI-	1000	4 4
ł	3 SEX	4. RACE	5. DATE OF BIRT			UNDER 24 HRS. 2c. DATE	MAY 2	DAY YEAR 24 HG	WR
	MALE	WHITE	1/27/12		YRS.	HOURS MIN. PRONOUNCE	MAAA	125 815 A	-
í	Ta BIRTHPL	ACE (STATE OR		WHAT COUNTRY?	10	A BALTIMOR	E CITY OR COUNT	Y OF DEATH	<u>M</u>
1	FOREIGN		1104		MARRIED XXVEVE	DIVORCED	-to	- W - WV	
ł	10. CITY OR	TOWN OF DEATH	II. NAME OF H	OSPITAL, NURSING HO	ME, OR OTHER INSTITUTION	ON 120. USUAL OCCUPAT	ION (TYPE OF WORK	126 KIND OF BUSINESS	MD.
	CTIUZ	R SPRING		AFACILITY, GIVE STREET ADDRESS		FOR MOST OF WORKING	S LIFE)	OR INDUSTRY	
	SUAL RES	DENCE (IF IN NURSING H	OME OR OTHER INSTITUTION	CROSS HOSPI , GIVE RESIDENCE BEFORE ADMI			neer	Tracor Inc	—
Į	IADILLA		OUNTY	13c. CITY OR TOWN			0.5511 01115		
	ARYLA		VTGOMERY	\$ILVER SPI		S MAIDEN NAME	STIX BLVD	).ω.	=
ł	FIF	ST	MIDDLE	Cat Page	FIRS1	T MIDDLE		LAST	
l	16a. WAS DI	LS ECEASED EVER IN U.S	ARMED FORCES?	Carlson	ITY NO. 17. INFORMA			Inderson	-
Ì	(YES, NO,	OR UNKNOWN) (IF YES	GIVE WAR OR DATES)			ghter Ellen M.		11.3	
ł	ye		<u>ww 11</u>	034-09-	12/8   1613	8 Maydale Dr. S	ic. Spg.	Md.	_
ŀ	18. C	ART I DEATH WAS CA	er anly ane cause per l NUSED BY:	ine far (a), (b), and (c).)	2 110	10002111	Dir	BETWEEN ONSET AND DEA	TH
		4791 IMMI	EDIATE CAUSE (a)	1164	10/00	- Dreid	VIV		-
		Canditians, if any, w		OR AS A CONSEQUENC	1	11.	-00/-	· · · · · · · · · · · · · · · · · · ·	
	9	gave rise to imme	diate (b)	y ener a	11500	MATERIO	ocheros	W 412	`
		cause (a) stating the <u>u</u> ying cause last.	DUE TO,	OR AS A CONSEQUENC	E OF				
Į			(c)				0.000		
		OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION G	IVEN IN PART 1 (a).			
ĺ	CERTIFICATION 13 PULL 19 PULL	012	botes						
	S 190 C	ATE OF OPERATION	19b. CON	DITION FOR WHICH OP	ERATION WAS PERFORME	D?		20. AUTOPSY?	
4	THE LEGISLA	1000	re					YES NO	×
1		XTERNAL CAUSE WA		OF INJURY A.M. MONTH DAY YE	AR 21c. HOW INJURY OF	CCURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PAR	IF 2)	7
I	S CON	TRIBUTING CAUSE		P.M. 19					
	21d. If	NJURY OCCURRED	21e. PLAC STREET. F	E OF INJURY (AT HOME,	21f. LOCATION STREET	CITY OR TOWN	cou	JNTY STAT	re.
1	AT W	ORK AT WORK							
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			Natural causes 🔀,		yicide , Hamicide				
	ded		0 4		TITLE (SPE				
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+	2/11/17	CREMATION, REMOV			EMETERY OR CREMATORY		7/10/0	)	墨
ĺ	(SPECIFY)					CITY OR TOWN	COUN		
1		Lemation Laboration	May 7	5,1981 Me	tropolitan 250	a. DATE REC'D. BY REGISTRAR	ia Alexan	nderia Va.	_
	NAME	ancis J.	collins has	neral Home:	20001	MAY 2 7 1981	Troppyolis	the standard	
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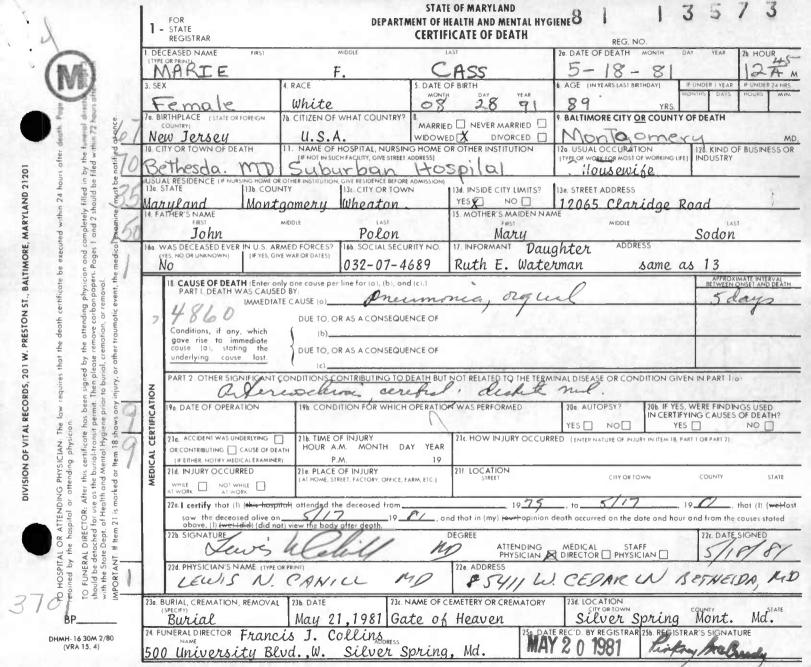


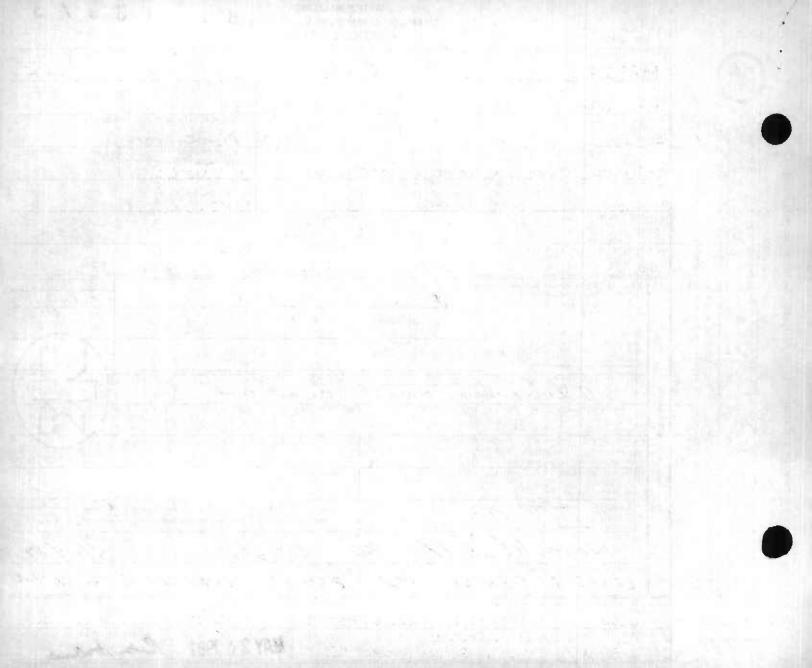
+		1	FOR STATE REGISTRAR	DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HYD RTIFICATE OF DEATH	GIENE 8   REG. NO.	13571
1 714	6		CEASED NAME FIRST  MABLE		AR R	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR  Y 6, 1981  M  HDAY) IF UNDER 1 YEAR IF UNDER 24 HES
1 2	9		EMALE	BLACK J	TONTH TOAY 1911	70	MONTHS DAYS HOURS MIN.
4 12 4	96		IRTHPLACE (STATE OR FOREIGN COUNTRY)		RRIED NEVER MARRIED DIVORCED D	MONTGO	
101 The fur	90			11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS	ME OR OTHER INSTITUTION	12a. USUAL OCCUPATIO	12b. KIND OF BUSINESS OR WORKING LIFE) INDUSTRY
LAND 212 in 24 hou by Hilled in thould be	35	130	Md. 136 COUN		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	BUSHEY DRIVE
MARY and with and 2	150	14, 1	ATHER'S NAME RODN	NIDDLE LAST	J IS MOTHER'S MAIDEN NA	NKNOWN	LAST
TIMORE, be execut an and ce	1		NAS DECEASED EVER IN U.S. ARA YES NO DRUNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY WAR OR DATES) 215-38-66	13 Lena KAN	e Campbell	1 - SAME AS #13
DS, 201 W. PRESTON ST., B quires that the death certifical ugared by the attending phy ham please remove carbon pa to bursal, carmotion, or remove	njery, ar other traumatic event	NO	Canditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.	y ane cause per line for (a), (b), and (c), 1 BY.  E CAUSE (o), CEREBROVA  DUE TO, OR AS A CONSEQUENCE (b),  DUE TO, OR AS A CONSEQUENCE (c)  ONDITIONS CONTRIBUTING TO DEATH	OF	DENT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  3, YPS.—  DITION GIVEN IN PART 1(a)
N RECOS on. has been has been to permit	9	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
OF VITA g physics antificate rial transi	9	-	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY Y	EAR 19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
WYSION WG PHYS affect this to at the but fi and Mr	o Dear	MEDICAL	21d INJURY OCCURRED  E NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ET	21f LOCATION STREET	CITY OR TOV	VN COUNTY STATE
ATTENDIN supilar or CTOR: A d for one or	6 2 4		22a I certify that (I) (this hospite saw the deceased alive above, (I) (a. a. a. d.) (d. a. a.	view the body ofter death.		to 5/6/deoth occurred on the do	te and hour and from the causes stated
by the horse age of the part o	ž		m der	kin		MEDICAL STAF	22c. Date Signed
TO HOS III	1 PORT		MYNON LEN	XIN			P-WHEATON, MD-
340 BP		(	Remation, REMOVAL	MAY 6, 198, 236. NAME	es venator	Ian WA	SH, COUNTY, C. STATE
DHMH-16 30M 2/80 (VRA 15, 4)		G	UNERAL DIRECTOR SOLO	uden FOCKUI	1e Md. 250 DAT	E REC'D. BY REGISTRAR	Sb. REGISTRAR'S SIGNATURE



		FOR STATE REGISTRAR	DEF		EALTH AND MENTAL HYC	GIENE 8 1	1 3	5 5	12
y be	1	1 DECEASED NAME (TYPE OR PRINT) LOTT	TE S.	CARSO	DN .	20. DATE OF DEATH M	AY 18	1981	11:57P
ge 4 30	y	FEMALE	4. RACE BLACK	S. DATE O		6 AGE (IN YEARS LAST BIRTH		UNDER I YEAR	HOURS MIN.
eoth. Po nerol dir in 72 hou	83	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUP	MARRIE WIDOWI	D NEVER MARRIED D	9 BALTIMORE CITY OR Montgomery	COUNTY OF	FDEATH	MD
s ofter of	28	Silver Spring	11. NAME OF HOSPITAL, NO THOUSE CHOSE		OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF VICE TENDED		126 KIND OF INDUSTRY Non	BUSINESS OR
24 hoursteen ould be a mest be		USUAL RESIDENCE (IF NURSING HOME) 130. STATE  D. C.	JNTY 13c. CITY OF		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 8201 16th	St.,	N.W.	
mpletely ond 2 sh	0/	John Strous:	MIDDLE LAS	51	15 MOTHER'S MAIDEN NA Katie	AMPONE	Burdi	ne LAST	
n ond co	3	60 WAS DECEASED EVER IN U.S. A	D.F. 1444 D. OD D. 2554	SECURITY NO. 8 - 2529		ADDRES:	rson/	son/	a I
that the death certificate by the ottending physicis coses remove corbon poper.			DUE TO, OR AS A CON!	SEQUENCE OF		Terminal	faceti	BETWEEN OF	IS/8/
he low requires to on. hos been signed permit. Then pie ene prior to buric ows ony injury, or	9	PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTION			20a AUTOPSY?	20b. IF YES, W	VERE FINDING	GS USED DE DEATH?
HYSICIAN: Tiding physici us certificate buriol-transis Mental Hygi or frem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIFETTHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	EATH HOUR A.M. MONTHER) P.M.  21e PLACE OF INJURY	H DAY YEAR	ZII LOCATION	RED (ENTER NATURE OF INJURY	IN ITEM IB PART	1 OR PART 2)	
IN OR ATTENDING Port the hospital or otter that U. DIRECTOR: After the tocked for use os the Eopel, of Health order to Dept. of Health order if them 21 is morked		220.1 certify that (1) (this hosp sow the deceosed olive o	partial) attended the deceased from the property of the proper	19	Z , 19 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN D		5/ 19_ e and hour on		IGNED
TO HOSPITAL TO FUNERAL should be deto with the Store I	1		CAGUL, M.		7425 arlu	ing ton Rd.			
BP		Burial, CREMATION, REMOVA	23b. DATE 5-22-81		EMETERY OR CREMATORY incoln	23d. LOCATION Brentwo			id. STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)		John T. Rhi	nes Co.,3015	RESS 12th	The second secon	E REC'D. BY REGISTRAR 25	REGISTRA	S. S	RE

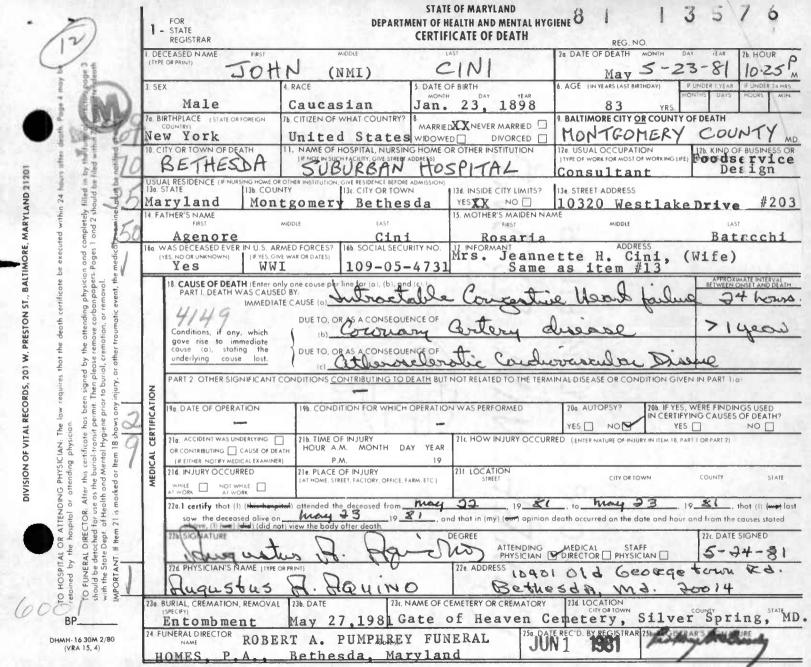






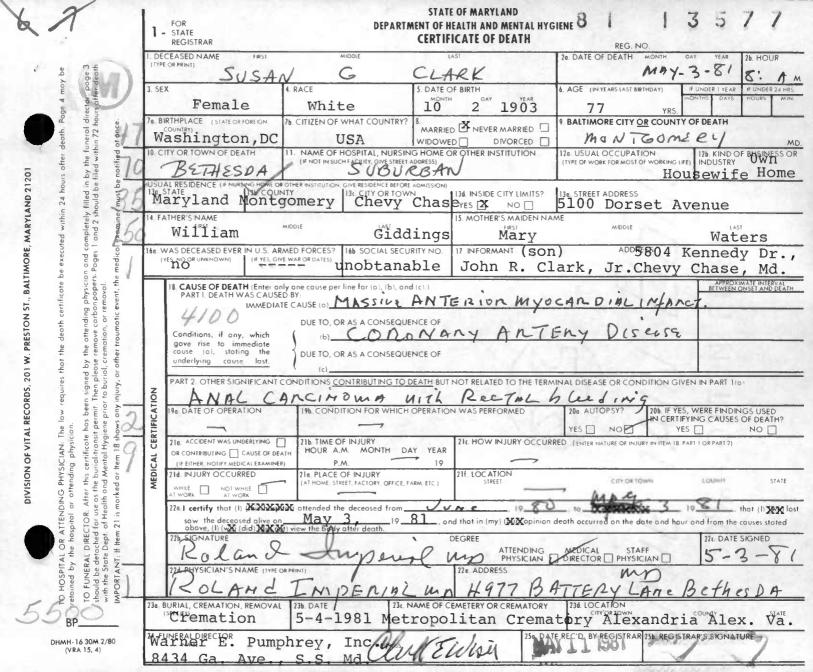
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	15	11-	STATE REGISTRAR		ICAL EXAMI				0	
		1. DE	CEASED NAME FIRST		MIDDLE	LAST		20. DATE KNOWN	MONTH DAY	YEAR 26. HOUR
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	30.38	3. SE)	4. RACE	5 DATE OF BIRTH	YEAR AGE (IN Y		IF UNDER 24 HRS.	2c. DATE PRONOUNCED	MONTH DAY	YEAR 2d. HOUR
- 47	SEE SE	7- 0	RTHPLACE (STATE OR	76 CHIZEN OF WH		RS.		9. BALTIMORE CITY	243/	O M
	SE S	FO	REIGN COUNTRY)		AT COUNTRY?	MARRIED NI	EVER MARRIED	1 de la	_/	
h.	25 S S S S S S S S S S S S S S S S S S S	10 C	Illinois TY OR TOWN OF DEATH	II. NAME OF HOSE	PITAL, NUBSING HOM		DIVORCED L	JAL OCCUPATION (TY	PEOF WORD 12h KI	ND OF BUSINESS
	ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 31O THE FE MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE EED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED HEALTH AND MENTAL HYGIEINE, DIVISION OSYLIAL RECORDS, 201 AL, CREMATION, OR REMOVAL.	1	Selis no	9 SOS	DIST	in RJ		retary	O	RINDUSTRY
5	NAN STEP	USUA 13e. S		OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMIS			EET ADDRESS		0
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. WD.	TH. 1,2	14. F/	THER'S NAME FIRST	MIDDLE	LAST	15. MOTH	HER'S MAIDEN NAME FIRST	MIDDLE		LAST
ORE	DEATH.	160 V	Theodore VAS DECEASED EVER IN U.S. AR	Frederick	Ping	TY NO. 17. INFOR	Margaret	Lizzie ADDRES	Harri	son
W. PRESTON ST., BALTIMORE,	YE PY SION	(Y	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	578-10-4			, and a second		
, a	JRS / B. GI WITH DIVI	H	18 CAUSE OF DEATH (Enter an	ily ane cause per line					, A	PPROXIMATE INTERVAL
N ST	HOURS EM 18. G NNG WII ERMIT. P ENE, DIV		PARTIDEATH WAS CAUSE	D BY: TE CAUSE (a)	Tombe	My	OC 21.	bielb	13	WEEN ONSET AND DEATH
ors	N 24 N ITE ALOR SIT PE AOVA		4291	DUE TO, OR	AS A CONSEQUENCE	OF		11.	- 1	14
	WITHIN INCIL IN AINER A TRANSII VIAL HY	-	Canditians, if any, which gave rise to immediate	(b)	nron	ec M	YOCZV	d 1=1 17	15	XY6.
201 W	A SAMEN		cause (a) stating the under- lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF				
35, 21	EXECUTED IN PRICAL EXAMINATION, CANADA MELAND MELAN		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	HT NOT RELATED TO THE TEE	MINAL DISEASE OR CONDITI	ON CIVEN IN PART 1			
DIVISION OF VITAL RECORDS,	BE EN NOIN SA EN S	N N	110	we		mine orderst on congris	on onen in take i 'e.			
L RE	PEN MEN MEN MEN MEN MEN MEN MEN MEN MEN M	N. S.	190. DATE OF OPERATION		ION FOR WHICH OPE	RATION WAS PERFO	RMED?	1111111111111	20 /	AUTOPSY?
VITA	子名 三	CERTIFICATION	100	-2						YES NO
0	ENERGY OF		210 EXTERNAL CAUSE WAS	21b. TIME OF HOUR A.M.	MONTH DAY YEA		Y OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
Sion	SHOI SHOIL	MEDICAL	CONTRIBUTING CAUSE OF	DEATH P.M.	FINJURY (ATHOME	211. LOCATION				
DIVI		WE	WHILE DOT WHILE DAT WORK		ORY, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
	GATE, THI FORWA OR: PAG 'HE STA'		220   certify that I taak chare		albani abassa bahis	A. 4 = =	Inspection	I		
572	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 2	١.		ral causes	Accident S	Autapsy		Inquiry, a ermined manner	nd in my apinian	
	XAA EERTII DIREC WITH ARY			00	1/1		(SPECIFY)			
	HE HOUSE		SIGNATURE	1	V +0	M.D. D	AP MED	ICAL EXAMINER	DA NEB	431 1981
	MOR MOR	-	EXAMINES NAME		1		V			
	NO N	23a B	URIAL, CREMATION, REMOVAL	73h DATE	In NAME OF C	ADDRESS.		CATION		
16	O O BP	(30.0	Removal	5/31/8		AMERICA CREMA	CITY	OCATION OR TOWN	COUNTY	STATE
	DHMH - 17	1000	UNERAL DIRECTOR				250. DATE REC'D. BY	REGISTRAR 256. REG	ISTRAR'S SIGNAT	URE
	(VR A15 ME (5)) 15M 2/80	A	natomy Board	Ba	lto., MD	•	JUN 2	1981	yry Mil	hoody
	13/M 2/ 00									

.T. Lucia Condenses L. P. of Table 3 and Inc. Theoretical objects described well acknowled enthants that one House with the transfer of the base of the terminal and the base of t



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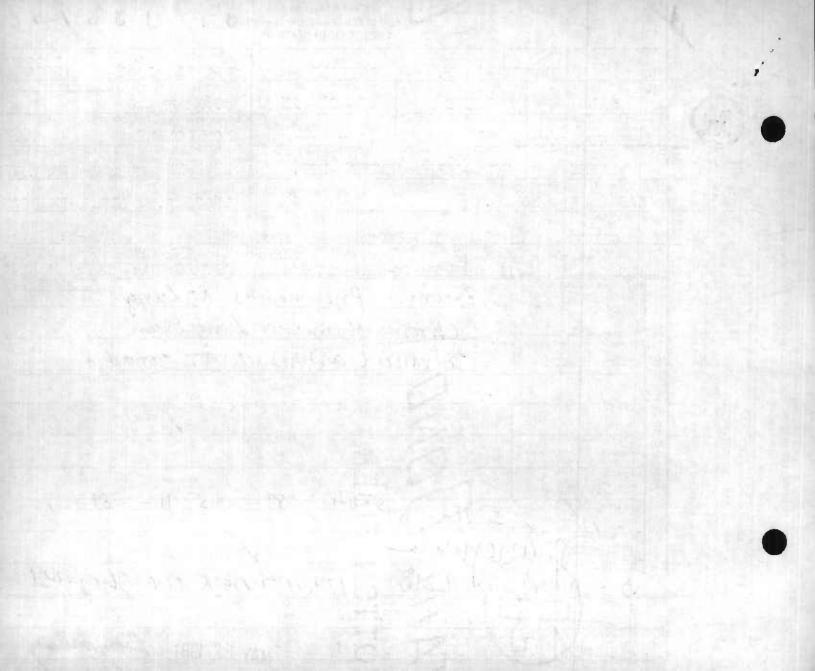


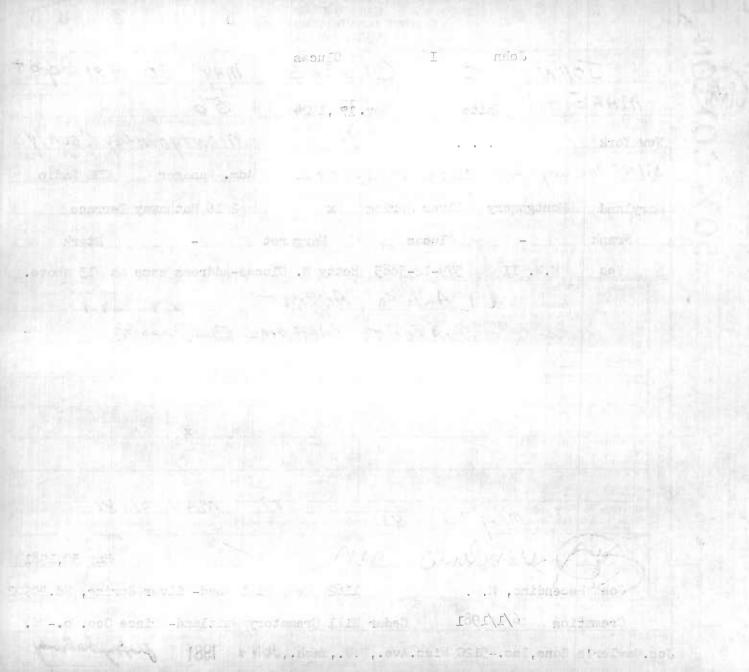
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 2a. DATE KNOWN K YEAR TYPE OR PRINT) OF ESTI-Alfred Cleveland Saxton 19 81 4 RACE IF UNDER 1 YR. SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 10 81 22, 1913 DEAD 68 Male White Feb. YRS IN BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Washington United States DIVORCED X Montgomery County WIDOWED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 2 SHOULD BE FILED, V IIL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS WORTH TRY FOR MOST OF WORKING LIFE) Economist 1912 Rosemary Hills Drive. Silver Spring Rank WITAL RECORDS, 13g. STATE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Silver Spring YESK 1912 Rosemary Hills Drive, #1 Montgomery NO [ GIVE PAGES 1, 2, VITH FORM PM 3, PAGES 1 AND 2 S DIVISION OF WITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Alfred Cleveland Alexander Ruth Gertrude Saxton 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 9238 East Park Hill Dr. 166 SOCIAL SECURITY NO. USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 OF HEALTH AND MENTAL HYGIENE, DIVISION IYES. NO, OR UNKNOWN) I IF YES, GIVE WAR OR DATES) Cleveland, Bethesda, Md. 569-38-6804 Yes II WW Charles 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BURIAL-TRANSIT PERMIT. IMMEDIATE CAUSE (a) Acute and chronic alcoholism. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. CREMATION, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 to CERTIFICATION None 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? TO BURIAL, None YES 🗍 NOT CATE, WRITING THE WOI FORWARDED TO THE COR. PAGE 3 SHOULD BE STATE DEPARTMENT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None TIE PLACE OF INJURY (AT HOME II LOCATION 21d INJURY OCCURRED TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDER FOR EUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET FACTORY, FARM ETC 1 STREET 212011 CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion death resulted from. Notural causes Homicide Suicide Undetermined monner TITLE (SPECIFY) DATE SIGNED 6/1/81 Deputy MEDICAL EXAMINER Seminary Road er Spring, Montgomery, Md. EXAMINER'S NAME John S. Rogers, M.D. ADDRESS. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY June Metropolitan Crematory Alexandria, Virginia STATE Cremation 981 BP. 24 FUNERAL DIRECTOR ROBERT 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE PUMPHREY FUNERAL tistore habredy **DHMH-17** JUN P. A., Bethesda, Maryland (VR A15 ME (5) 15M 2/80

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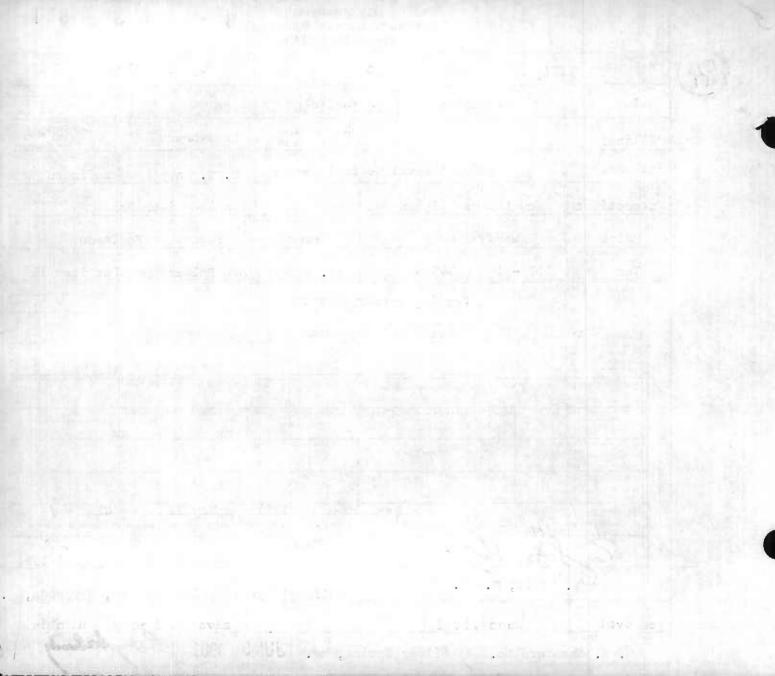
DIVISION OF VITAL RECORDS, 201 W.





Silver Spring, Md.

(VRA 15, 4)



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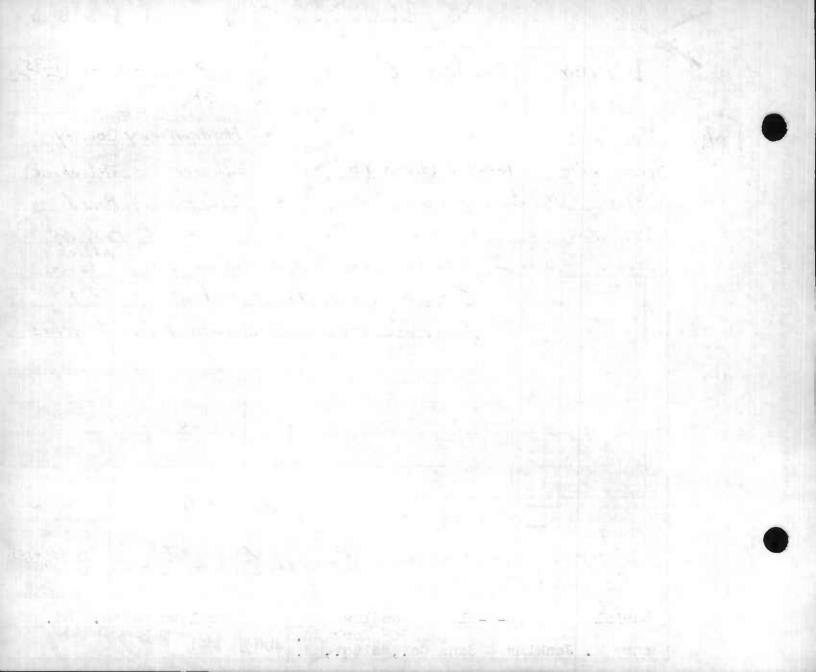
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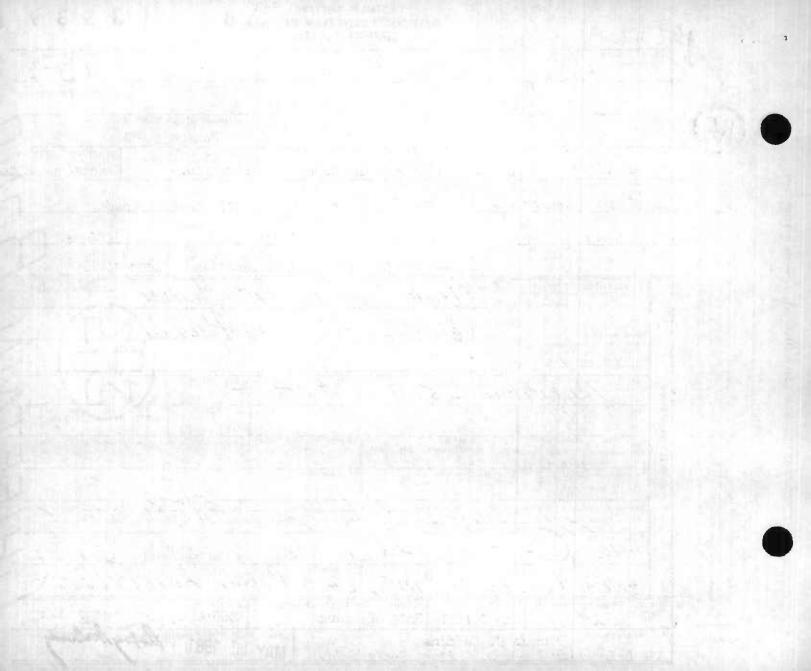
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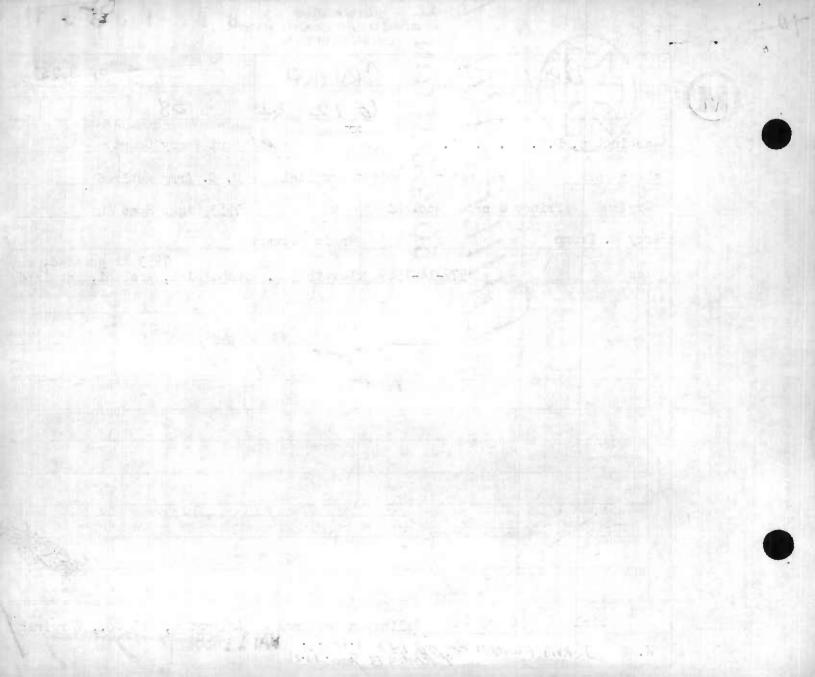
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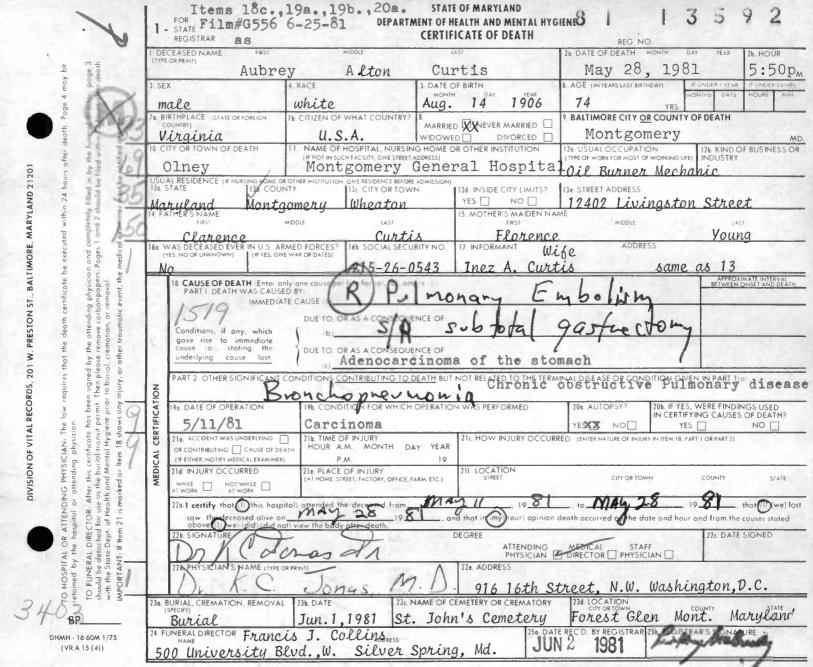
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	Female	Caucas	sian	Sept			6	YRS		
70 B	SIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	AAADDIE	NEVER MARRIED	9 BALTIMOR	CITY OR	COUNTY	OF DEATH	
Ne	w Hampshire	United	l States	WIDOWE	DIX DIVORCED	Mon	cgome	ery	Count	V . M(
10. 0	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL O			12b. KIND O	F BUSINESS OR
(	lnev				al Hospita	1 77			Но	me
USU	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION			13d INSIDE CITY LIMITS?		DRESS		100	
	ryland Mont	gomery	Rockvil	le	YES TA NO	4621	Grea	t Oa	ks Ro	ad
14. F	ATHER'S NAME				15 MOTHER'S MAIDEN N					
	Thomas	MIODLE	Currier		Annie		MIDDLE	L	evass	
160	WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	PRITY NO.	17 INFORMANT Dau	ghter	ABDIES			Avenue
- 1	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	214 74	3732	Jacquelyn		Ber	lin.	New	
-	18 CAUSE OF DEATH (Enter o								APPROXI	Shire
Z	Conditions, if ony, which gove rise to immediate couse iol, storing the underlying couse lost	(b)	R AS A CONSEQUE R AS A CONSEQUE  ONTRIBUTING TO E	ence of	NOT RELATED TO THE TER	rminal disease	or condi	TION GIVE	N IN PART 110	,
CERTIFICATION	190 DATE OF OPERATION 196 CC		ndition for which operation was performed			200 AUTOPSY?  200 IF YES, WERE FINDING IN CERTIFYING CAUSES  YES NOX YES			OF DEATH?	
CER	210 ACCIDENT WAS UNDERLYING		OF INJURY	VEAR	21c HOW INJURY OCCU	JRRED JENTERNATU	RE OF INJURY	IN ITEM 18, PAR	RT T OR PART 2)	
CAL	OR CONTRIBUTING CAUSE OF DE	A10 1	M. MONTH D	19						
MEDIC	21d IN JURY OCCURRED  WHILE ON OT WHILE OF AT WORK	21e PLACE		ARM, ETC.)	211 LOCATION STREET	(	ITY OR TOWN		COUNTY	STATE
	220.1 certify that (I) (this hosp	ital ottended th	ne deceased from	May 2	1981	, toM	ay 2	7	9.81	that (I) (we) los
	sow the deceased aliving above, (1) (we) (did) (did	May 2	7 19	81 or	d that in (my) wr) opinio	in death occurred	on the dot	e ond hour	and from the	couses stated
	22b. SIGNATURE	Min	nonell	,	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	MI	22c. DAYE	SIGNED -8/8/
	22d PHYSICIAN'S NAME (TYPE	5.M	inercile	MD	220 ADDRESS 18101 Pri			Dr.	Olne	y, Md.
23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	TICL Y		EMETERY OR CREMATORY	CITY OR 1	ON	C	COUNTY	STATE
	(SPECIFE Burial	30, 1	.981 Ca	lvar	y Cemetery		lin,		Hamp	
	HOMES, P.A. I		PUMPHRE A, MARYL			UN 1 19		b. REGISTR	AR'S S SNIA	RE

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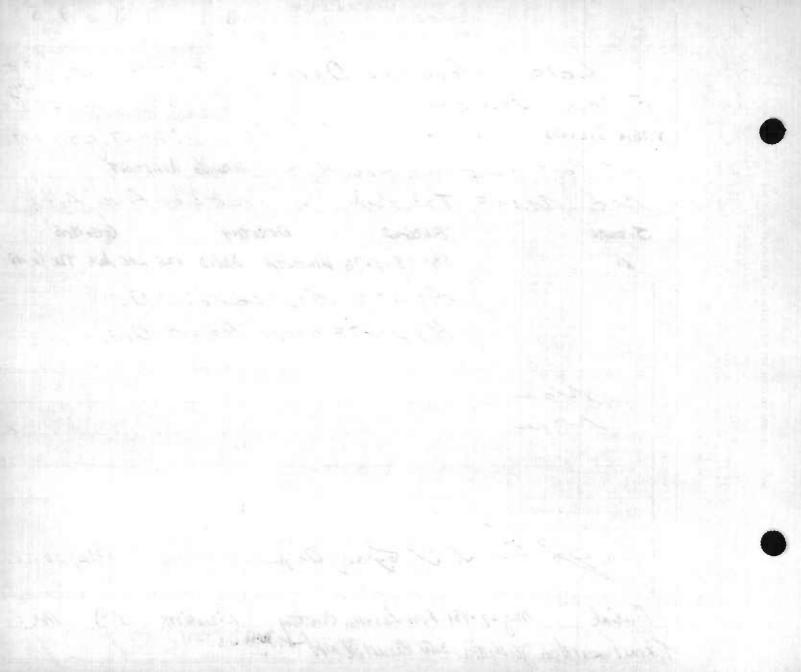
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~	1-	FOR STATE REGISTRAR		DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL H' TTIFICATE OF DEATH	YGIENE 1	1 3 5	9 3
may be page 3	3. SE		4. RACE		N + 1S	20. DATE OF DEATH	HDAY IF UNDER I YEA	
1(M)		Temale	Whit	J	an 15 1890	91	YRS.	S HOURS MIN
Tone oth	1 0	RTHPLACE ISTATE OR FOREIGN DUNTRY) Pennsylvania	USA		RRIED NEVER MARRIED	W	R COUNTY OF DEATH	***
rs ofter de by the fun filled within	10 C	lver Spring	11. NAME OF	HOSPITAL, NURSING HO UCHEACILITY, GIVE STREET ADORES COOSS HOSPI	tal	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C Telephone	ON 12b. KIND WORKING LIFE INDUSTR	of BUSINESS OR
filled in hould be founded be	Ma		or other institution in the gomery	N, GIVE RESIDENCE BEFORE ADMISS 13t. CITY OR TOWN SilverSprin	YES X NO		ecticut Ave	
completely 1 and 2 shr	14 FA	THER'S NAME FIRST  Lee	MIDDLE A	Davis	15. MOTHER'S MAIDEN N	NAME MIDDLE	i	Butler
on and co	16a V	VAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	16b. SOCIAL SECURITY N 168-22-5936	O. Mrs. Eva C	obb, 12206 Silver	Spring, MD 2	20902
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. BALTIMORE, BALTIMORE, BALTIMORE, MARYLAND 2120 INC. BALTIMORE, BALTIMORE, BALTIMORE, BALTIMORE, MARYLAND 2120 INC. BALTIMORE, BALTI	ATION	Conditions II any, which gave rise to immediate course of storing the underlying couse fast.  PART 2 OTHER SIGNIFICANT	DUE TO C	OR A COASEQUENCE OF AS A COASEQUENCE OF AS A COASEQUENCE OF A CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PART	
AL REC The low tion.  e hos b e hos b giene pr hows or	CERTIFICATION					YES NO	IN CERTIFYING CAUS	ES OF DEATH?
VISION OF VITA  G PHYSICIAN: The offending physicic ret this certificate is the buriol-transit ond Mental Hygic ked or them 18 she will be the offending them 18 she will be the offending the offendi	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 210. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK	R) HOUR A	OF INJURY A.M. MONTH DAY Y P.M. E OF INJURY STREET, FACTORY, OFFICE, FARM, ET	19 211. LOCATION	JRRED (ENTER NATURE OF INJU		STATE ·
TENDI Intol on IOR: A or use of Heal		22a-1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did			one that in (my) (aur) apinio	on death accurred on the d	19 State and hour and from the	, that (I) (we) lost he causes stated
ITAL OR AI by the hosp the hosp relatives detached f diote Dept. or		22b. SIGNATURE	Claus	efler		MEDICAL STA	FF OO 3	May 1981
TO HOSPITAL (Febrined by the TO EURERAL Is should be determent with the Store Improved that the Store Improved the Store Improved the Store Improved that the Store Improved the Improved		RICHARD	Deto	WET HI	22e. ADDRESS 43231	HOVALO ST	SL.SP	SMO
3401	23a. E	SURIAL, CREMATION, REMOVA SPECIFY)  Cremation		1981 Lee's	OF CEMETERY OR CREMATOR	23d LOCATION CITY OR TOWN Washing	ton, DC	STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	24 FU 118	JNERAL DIRECTOR Hine	s/Rinald	ii Funeral Ho	me .	ATE RECEDEN REGISTRAR	25b. REGISTRAR'S SIGN.	ATURE

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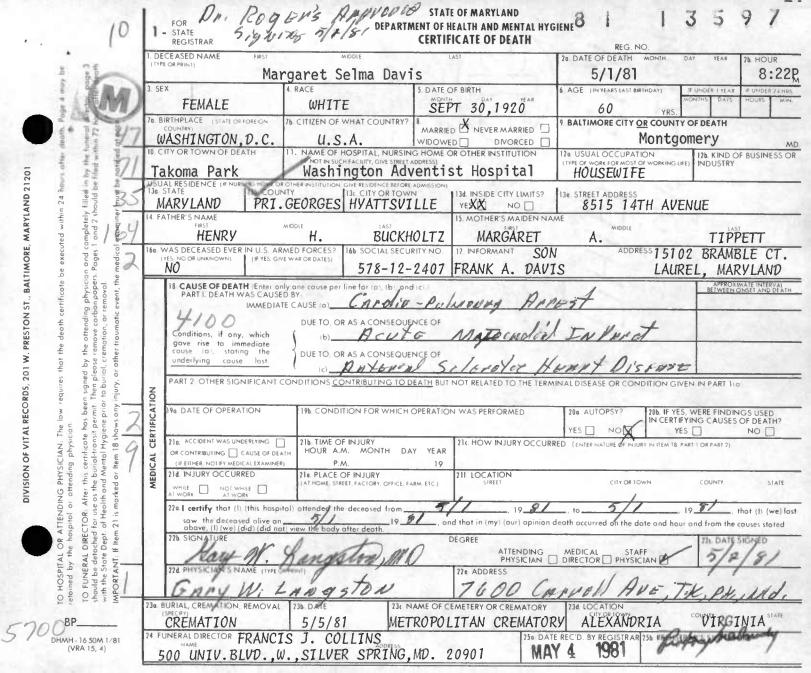
P. Gerchis Aons .'. T. A. Byshisville, Nd.

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1 - STATE			DEPARTMENT OF HEALTH AND MENTAL HYGICIE 1 3 3 7 3					
	Ι.	REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE O	F DEATH R	EG. NO.	
	1. D	ECEASED NAME FIRST		MIDDLE	LAST	20. DATE KNO		YEAR 26 HOUR
₩ & & & E		PE ORPRINI)	. /	Ladarica	Marriel	OF EST DEATH MAT	ED 8 1 27	Dy 46
PLEASI CTOR FILES FOUR	3. SE	X A RACE	5. DATE OF BIRTH	6 AGE (IN YEARS IF U	NDER TYR. IF UNDER		WOALH DAY	YEAR 124 ALCRED
28882s	5	F 10.11	MONTH DAY	YEAR LAST BIRTHDAY) MON	THS DAYS HOURS	MIN. PRONOUNCED	1.	2770
A O O O	1	RIDTHDI ACE ISTATE OR	dept1.	744 36 YRS.		DEAD	May It	>19 1. W
SESS A SESS	1 10	OREIGN COUNTRY!	76. CITIZEN OF W	HAT COUNTRY? 8. MAR	RIED X NEVER MARRIE	9. BALTIMORE	CITY OR COUNTY OF	DEATH
IS NECESSARY, PLEA EF FUNERAL DIRECTO EF FOR YOUR FILE ED, WITHIN 72 HOU I W. PRESTON STREE	1 1	VIRGIN ISLANDS	u.	S. A WIDO	WED DIVORCE	DO	lont.c.	om er /no.
ME FU GE 5 OI W	10.0	CITY OR TOWN OF DEATH		SPITAL, NURSING HOME, OR OT	HER INSTITUTION	120. USUAL OCCUPATIO	N James Comment 450 KI	IND OF BUSINESS
DELAY 3 TO TH N PAG 8 FIL	10	To K. Rock	(IF NOT IN SUCH E)	ACIEITY, GIVE STREET ADDRESS)	1.17	NURSING AS	SISTANT	RINDUSTRY
D. 21201 . IF ANY DELAY IS N. 2. AND 31 OTHE FU. 3. RETAIN PAGE S. SHOULD BE FILED, VAL PECORDS, 201 W.	USU	AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION G	IVE RESIDENCE BEFORE ADMISSIONI	ZIPIS	MUNCHAL MI	313 (24)	
21201 AND 3 AND 3 RETAI	130.	STATE 136 COU		130 CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	1	1 1-
12. A A S S S S		Mc	1006	124,1211	YES NO	128 4-00	HUE	4073
EATH. IF ES 1, 2, 7, 7 PM 3. AND 2 SH	14.1	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDE	N NAME MIDDLE		TAST
ORE, MC	564	JOSEPH		FIERGUS	DORE	THY	GEOR	GE
STON ST., BALTIMORE, MI V 24 HOURS AFTER DEATH. VI TIRM 18, GIVE PAGES 1, ALONG WITH FORM PM. TI PERMIT, PAGES 1 AND 2 VIGENE, DIVISION OF VILLA OVAL.	160.	WAS DECEASED EVER IN U.S. AL	RMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT		DRESS	
ALTIN AFTE IVE P AGES ISIOI		YES, NO, OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	580-03-8476	WILMITH	DAVID 12	8 LEE AVE.	THE K MD
₹ \$ P F F F F F F F F F F F F F F F F F F				1 0 1 / 0	101110111	A POLICE		
HOURS M 18. G NG WII. P RMIT. P INE, DIV	-1	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	nly ane couse per line	for (a), (b), and (c).)	1	1-		APPROXIMATE INTERVAL WEEN ONSET AND DEATH
ON STEEN STE			ATE CAUSE (a)	Moute	Myou	ardia	(//5	
PRESTON: ITHIN 24 H CIL IN ITEM VER ALON ANSIT PER ANNIT PER REMOVAL.		14027	DUE TO, OR	AS A CONSEQUENCE OF				
W. PREST WITHIN WITHIN FOR THE NAME A MINER A		Canditians, if any, which		HVnert	an eine	Hr. 2.24	0	
FW. P FENCINAMINE AMINE FENTANINE		gove rise to immediat couse (a) stating the under		AS A CONSEQUENCE OF	-1700	110011	000	
201 W. PRE UTED WITHI IN PENCIL I EXAMINER IAL - TRANS ON, OR REA		lying cause last.						
RDS, 201 V EXECUTED ING" IN PR ICAL EXAN A BURBAL- A BURBAL- A BURBAL- MATION, C			(c)					
RECORDS, 201 W. PRESTON ST LD BE EXECUTED WITHIN 24 HOV PENDING" IN PENCIL IN ITEM II ARDICAL EXAMINER ALONG D AS A BURIAL - TRANSIT PERMI IEALIH AND MENTAL HYGIENE, CREMATION, OR PERMOVAL.	~	PART Z UTNER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PAR	11 (a).		
L RECORE UID BE EX "PENDING FF AEDICAL ED AS AE HEALTH /	5	100	ne					
& Ja - 0	CERTIFICATION	190. DATE OF OPERATION	19h CONDI	TION FOR WHICH OPERATION	VAS PERFORMED?		2D /	AUTOPSY?
VITAL SHOUL VORD " CHIEF BE USEE	Solo E	Non	حد					YES NO DO
A NAME OF THE OF	H H	210 EXTERNAL CAUSE WAS	21b. TIME O		IOW INJURY OCCURRED	ENTER NATURE OF INJURY IN		100
DIVISION OF S CERTIFICATE RITING THE W RDED TO THE E 3 SHOULD I E DEPARTOLD OI PRIOR TO	95	UNDERLYING OR		MONTH DAY YEAR				
S F F F F F F F F F F F F F F F F F F F	MEDICAL	CONTRIBUTING CAUSE OF	21e PLACE		CATION			
	N N	WALLE CONTROL	STREET FAC	TORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
DIN E, WRII RWARD PAGE STATE (		AT WORK AT WORK						
REAL TEL		22a I certify that I taak chai	rae of the removes de-	scribed obave, held on Auto	osy . Inspection			
# Q C C E E S							ond in my opinion	
SAMI SETIFI- NITH VITH VECTOR		death resulted from: Nati	urol couses 🔼	Accident, Suicide	, Homicide	Undetermined monner	L.,	
SER SER		ACTUAL	0	0/10	TITLE (SPECIFY)		and a	
₹#₽¥E#		SIGNATURE		- loger	A.D. Vag	MEDICAL EXAMINER	SIGNED	126 1981
DIC TE	2	EXAMINER'S NAME			-		1	,
TO MEDION SECUTE OF SECUTE	1	(TYPE OR PRINT)			ADDRESS			
TO MEDICAL EXAMINER: T EXECUTE HE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFIER DEATH, WITH THE SI. BALTIMORE, MARYICAND, 2.	230.	BURIAL CREMATION, REMOVAL	23b. DATE	23¢ NAME OF CEMETERY	OR CREMATORY	23d. LOCATION		2
/ / 1 /	- 1	Burial	Mass 27 19	181 Fact Prod.	Perto.	CITY TOWN	1 00	mi
/ / 0 / BP	24	FUNERAL DIRECTOR	7-1.1	- I was something	25 DAKE R	EPICK BY-REGISTRAR 256	REGISTRAR'S SIGNAT	HIDE
DHMH - 17		NAME /	ADDRESS	251 N 1	1/4/	1 2 1 1201 V	- Hampfirdi SolgitA	Subreach .
(VR A15 ME (5) ) 15M 2/80	170	IK MIL TUNELL HOME	ya Malley	- and control	NIV			
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50	1 - FOR STATE REGISTRA		M	DEPARTMENT		AARYLAND I AND MENTAL H CERTIFICATE O	EDEATH	1 3	5 9	6
0	I. DECEASED N			WIDDIE	THILK 5	LAST	Za. DATE KNOV	G. NO.	DAY YEAR	26 HOUR
W PRESION STREET,	(TYPE OR PRINT)	Ger	ald	Joseph	I	avis	OF ESTI		SO 19 81	A
K	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE	(IN YEARS IF UN	DER 1 YR. IF UNDER		MONTH	DAY YEAR	1 1948
41	Male	White	Sep. 14,	1907 73		AS DAYS HOURS	MIN PRONOUNCED DEAD	6/1	19 81	P. M
	7a BIRTHPLACE		76. CITIZEN OF W	HAT COUNTRY?	8 MARRI	ED NEVER MARRI	ED 9 BALTIMORE	ITY OR COUNTY	OF DEATH	
T		TON STATE	u.s.	Α.	WIDOW			mery Cour		MD.
2	10 CITY OR TO	WN OF DEATH	11. NAME OF HO	SPITAL, NURSING F	IOME, OR OTH RESS)	ER INSTITUTION	12a USUAL OCCUPATION FOR MOST OF WORKING LIF	E)	OR INDUSTR	SINESS
4		Spring	500 E	onifant S	treet		ARCHIVIST	NATIONA	L ARCH	IVES
1	13a. STATE	13b. CO	YTAL	13c. CITY OR TO	VN		13e STREET ADDRESS			
2	Maryla		ntgomery	Silver	Spring	YES NO	500 Bonifa	nt Street	,	
50	14. FATHER'S N	AME	MIDDLE	DAUT O		15 MOTHER'S MAIDE	N NAME MIDDLE		LAST	
4	Ing WAS DECE	ASED EVER IN U.S. A	ARMED EODOES?	DAVIS	LIRITY NO	17. INFORMANT	CAU ADI	DRESS 16000	75011	0 00
	(YES, NO, OR UN	KNOWN)   IF YES, G	IVE WAR OR DATES)	216-44			3014		JERAL	U KU.
ŀ	NO 18 CAUS	SE OF DEATH /Fater	only one couse per lin			GEORGE A	. VAVIS	LAUREL	APPROXIMATE	INTERVAL
	PART	DEATH WAS CAUS	SED BY-			diana			BETWEEN ONSET	AND DEATH
	42	19/ IMMED	ATE CAUSE (o)A	R AS A CONSEQUE		ulsease				-
OK KEMOVAL.		litions, if any, whi	ah.			l disease			20 yr	6
AL, CREMATION, OR	couse	rise to immedic e (a) stating the <u>und</u>		R AS A CONSEQUE		T ATOCAGE			CO AL	D•
	lying	cause last.	(c)							
	PART 2 OTN	ER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	TERMINAL DISEASE	OR CONDITION GIVEN IN PAR	II I (a)			
				None						
7	Ne 21a EXTE	OF OPERATION	196 COND	ITION FOR WHICH	DPERATION W	AS PERFORMED?			20. AUTOPSY?	
4	E N	one							YES	NO DO
	Zia EXTE	RNAL CAUSE WAS	216 TIME C HOUR A./		YEAR 21c. HC	W INJURY OCCURRED	D LENTER NATURE OF INJURY IN I	TEM 18 PART 1 OR PART 2	)	1111
	CONTRIB	UTING CAUSE C	FDEATH P.	м. 1	9	Non	e			
	ZId INJUI	NOT WHILE		OF INJURY (AT HO)		CATION	CITY OR TOWN	COUNT	Y	STATE
	AT WOR									
	22a l c	certify that I taak cho	arge at the remains de	escribed above, held	on Autops	y , Inspection	X. Inquiry	and in my apini	on	
	death re	sulted fram No	tural causes X.	Accident	Suicide	, Homicide	Undetermined monner			
BALLIMOKE, MAKTLAND,		/	700	///		TITLE (SPECIFY)				
	ACTUAL SIGNATU	IRE D	to 1	100	en M	Deputy Deputy	MEDICAL EXAMINER	DATE SIGNED	6/1/81	
1	EXAMPLE	D'S NAME	-, -		/	1919	Seminary Roa	d		
5			John S. Ro	gers, M.D	•	ADDRESS Silve	r Spring, Mo	ntgomery,	Md.	
	230.BURIAL, CRE	MATION, REMOVAL	23b. DATE	23c. NAME O	CEMETERY O	RCREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STA	ATE
		BURIAL	6/4/81	MT	OLIVET		WASHINGTON			10
1	24 FUNERAL DI		NCIS J. ADORE			15 (4.1	REC'D. BY REGISTRAR 20	RAR'S S	NATURE	
))	500 UN	IV. BLVD.	W. SILVER	SPRING, MI	2090	NOC	2 1981	/	1	,

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STATE OF MARYLAND

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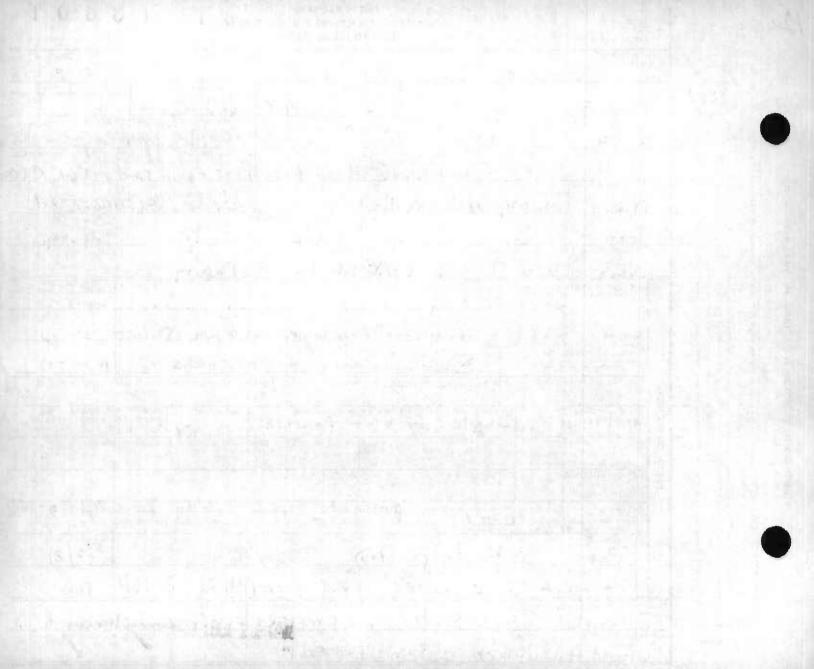
6	8 4	1	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 REG. NO.	3599
	. 75		CEASED NAME Agnes	MIDDLE	Dawson,	20 DATE OF DEATH MONTH	28 81 1730
	6 9	12.50	agnes	M.  I4 RACE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	15 UNDER LYEAR IF SINDER 24 APS
	I LIM	)	FEMALE	white	MONTH DAY YEAR	92 YRS	MONTHS DAYS HOURS MIN
1	Secrit. To	70	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED : NEVER MARRIED [ WIDOWED ]	Montgo	mery ety mo.
101		03	ITY ON TOWN OF DEATH	(IE TOTAN SUCH ACILITY, GIVE STRE	PADDRESS) I AND NH	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Homemaker	126 KIND OF BUSINESS OR INDUSTRY Home
AND 213	filled in nould be	5 USU	AL RESIDENCE (IF NURSING HOME OF	Montgomer (CARTO)	IN 136 INSIDE CITY LIMITS?	13e STREET ADDRESS 1000 Dale Dr.	
ARYL	within oletely ad 2 st	14 F	ATHER S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	LAST
Ж,	Com Com	160	Edward A WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	Lillie URITY NO. 17 INFORMANT	ADDRESS	McGrew
MOR	n ond c		YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 579-60-		son Philoment. Va	
ST., BALT	rificote by physicio proposers emoval.			nly and couse per line far (a), (b), c ED BY. TE CAUSE (o) Creby	nd (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TON	deoth ce ottending ove carbo ition, or ri aumatic		4360	DUE TO, OR AS A CONSEO	JENCE OF		
W. PRES	that the de d by the ott ease remation		Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	due to, or as a conseo		cliveres	years.
RDS, 201	equires the signed Then plect to burial injury, or	NO	PART 2 OTHER SIGNIFICANT OF	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TEL	rminal disease or condition (	GIVEN IN PART 110
RECORDS	n. nas bee permit. ne prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	JN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \begin{align*} \text{VES} \\ \ext{VES} \\ VES
DF VITA	SICIAN The physicio certificate brial-transit enfol Hygie liem 18 sho	4	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM )	
DIVISION OF	3 PHYSIC intending er this cer the burie ond Meni ked or lie	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE AT WORK AT WORK	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ď	TENDING atal or a TOR: After or use as of Health		220 I certify that (1) (this haspi	ital) attended the deceased from		n death occurred on the date and h	, 19 , that (I)(we) last
	ALOR AT the hosp ALDIRECT etached for the Dept of		22b. SIGNATURE	I Chep	DE GREE ATTENDING	TOTAL BUILD	220. DATE SIGNED 28 May 81
	TO HOSPITAL etained by th TO FUNERAL should be defit with the State WHOSTANT:		22d. PHYSICIAN'S NAME (TYPE OF	CHAP	22e ADDRESS	th St. N.W. #218	20036
29	100	230.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATOR Cedar Hill Cremato	Y 23d. LOCATION	COUNTY STATE
	BP	24 F	Cremation UNERAL DIRECTOR JOSET	Gawler's Sons		ory Suitland, Mo	
	DHMH - 16 60M 1/75 (VR A 15 (4))		5130 Wisc. Av	re. N.W. Wash.	D.C. 20016	IN 1 1981	A CONTRACTOR OF THE PARTY OF TH

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Hines/Rinaldi F.H.

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- Justines aut	estant Torre			gram placel	_hmalyzaM-
Malle Dun Personny	Changarout a	caanol -	102	Jel La Del	od IV
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12		1,	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE 8	3601
			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
			CEASED NAME FIRST	WIODIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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	V = - 0 =		22b. SIGNATURE	11	DEGREE		221. DATE SIGNED
	O =		Panian	D Keller		MEDICAL STAFF DIRECTOR   PHYSICIAN	3/2/8/
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11	カスシ	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	STATE
//	BP		BURIAL	15-3-8 I	O.O.F. CEMETER	X EXX Gall	Mineral W.UA
	DHMH-16 30M 2/80	24. F	UNERAL DIRECTOR	, ADDRESS		ERES DI WAREGISTRAR 256. REGIST	RAR'S SIGNATURE
	(VRA 15, 4)		DAVID A. DI	ROOK KITZ	MILLER, Md. ""		



FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

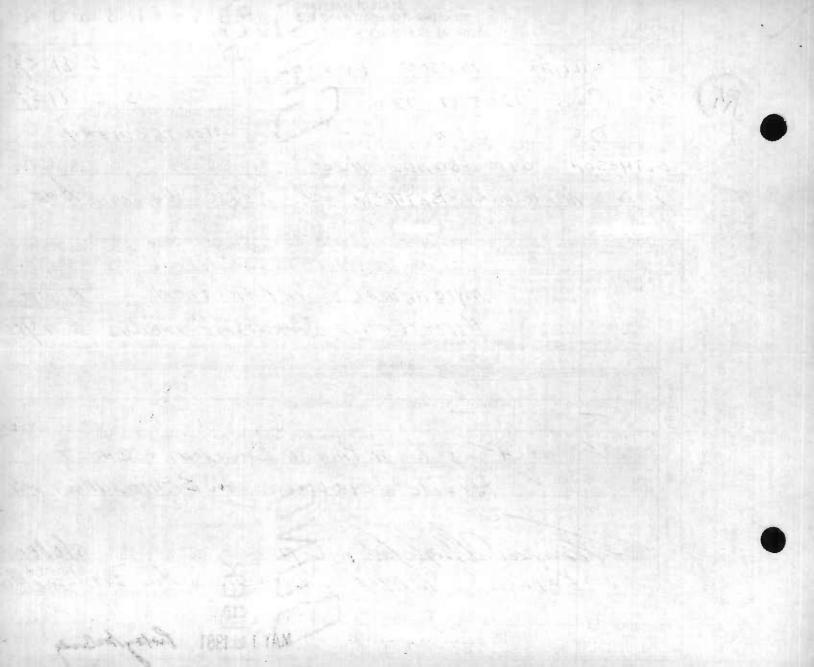
DEPARTMENT OF HEALTH AND MENTAL HYGIEN

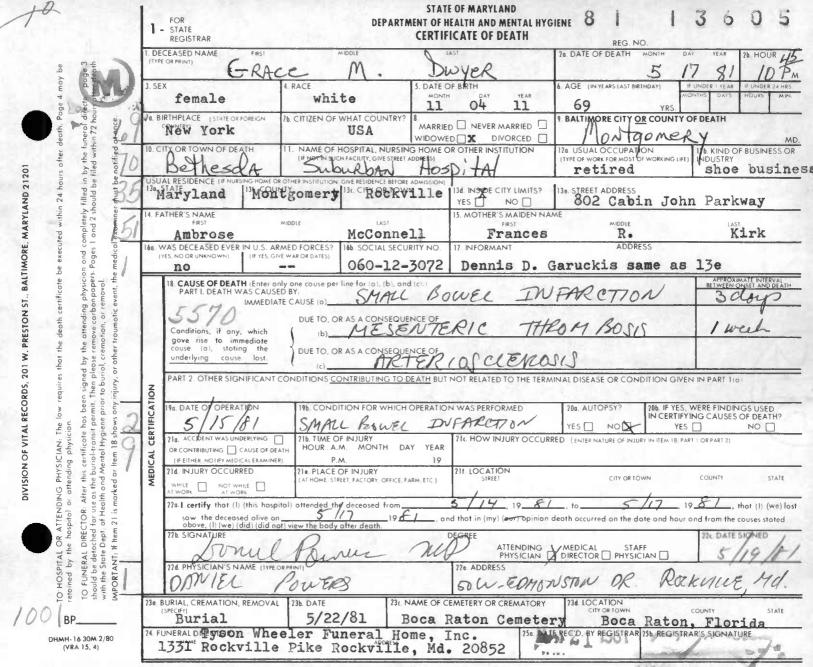
CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME TO DATE KNOWN (TYPE OR PRINT) ESTI-1000 Helen Doherty DEATH MATED B . 4 RACE AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED Female White July 10, 1919 19 76 CIT ZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED & FOREIGN COUNTRY) New York United States WIDOWED DIVORCED Montgomery County 120. USUAL OCCUPATION (TYPE OF WORK PORT DUSTRESS PORT DUSTRE a de ID CITY OR TOWN OF DEATH BE FILED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Bethesda Ipswich ssociation Treasurer USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Bethesda YESXX NO Ipswich Road Maryland Montgomery 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE John Doherty Marv Corcoran 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 579-38-1091 Peter M. Doherty, Same as APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Acute myocardial disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF A BURIAL - TRANSIT Canditians, if any, which Years (b) hypertensive heart disease. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IR CERTIFICATION USED AS / None 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL YES NO X ARDED TO THE CHANGE 3 SHOULD BE U None 210 EXTERNAL CAUSE WAS 716. TIME OF INJURY TIC HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR None CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (ATHOME. 711 LOCATION AT WORK NOT WHILE EXECUTE THE CERTIFICATE, WRITIF PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY 220 I certify that I taak charge of the remains described above, held an Autapsy and in my apinian death resulted fram Natural causes Undetermined manner TITLE (SPECIFY) Deput.v \_\_MEDICAL EXAMINER 1919 Seminary Road EXAMPLER'S NAME ADDRESS Silver Spring, Montgomery, Md. John S. Rogers, M.D. (TYPE OR PRINT) 23d. LOCATION 231. NAME OF CEMETERY OR CREMATORY 73a.BURIAL, CREMATION, REMOVAL 73b. DATE 5.1981 Gate of Heaven Cem. Silver Spring, Maryland Buria1 74 FUNERAL DIRECTOR 75a. DATE REC'D. BY REGISTRAR 75b FE ROBERT A. . P. UMPHREY FUNERAL **DHMH-17** HOMES, P. A., Bethesda, Maryland (VR A15 ME (5)) 15M 2/80

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE REGISTRAR REG. NO DECEASED NAME a DATE KNOWN (TYPE OR PRINT) OF ESTI-HERSON LILLIAN 2c. DATE LAST BIRTHDAY PRONOUNCED auc, 1205 73 YRS To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS DIVORCED O. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY CHEVY CHASE U.S. GOVT. SCONSIN 13d. INSIDE CITYCOMITS? 13e. STREET ADDRESS 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE HERSON MORRIS KATZ TILLIE 5480 Wisconsin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Husband) (YES, NO, OR UNKNOWN) Ave., Chevy Chase, Md. RAYMOND DUVALL NONE 578-62-6060 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY INFARCTION ReUTE IMMEDIATE CAUSE (a) DUF TO, OR AS Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] 71g EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) LINDERLYING OR CONTRIBUTING CAUSE OF DEATH AT WORK AT WORK and in my apinian 220. I certify that I took charge of the remains described above, held an Hamicide Undetermined manner EXAMINER'S NAME CEDAR HILL CREMATORY P.G. MD. ROCKVILLE DHMH - 17 (VR A15 ME (51) 1170 ROCKVILLE PIKE 15M7/76





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	FOR STATE REGISTRAR	DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8   REG. NO.	3 6 0 6	)
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52 [ 130		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13 (. CITY OR TOWN	13d. INSIDE CITY LIMITS?	8200 Wiscon	sin Ave.	
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7	WAS DECEASED EVER IN U.S. ARMI	MED FORCES?   166 SOCIAL SECURITY NO.	John H. C.	l Chevyoocha Barron. (S	se Blvd. C. on- In- Law	C. )
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23a	BURIAL, CREMATION, REMOVAL		METERY OR CREMATORY	23d LOCATION Heffderson,	Vance Co	DC ATE
80	War Wellers 2	akoma Funeral Hom 54 Carroll St. N.	E. Inc. 250. DATE C MA	Y 6 1981	orthward.	Lina

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I WESTHER CAUSE

1331 Rockville Pike Rockville, Md. 20852

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE

DHMH-16 25M

(VRA 15, 4) 1/79

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1331 Pockville Pike Poskville, Nd. 20832

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME KNOWN ( 20. DATE 26 HOUR LITYPE OR PRINT ESTI-E FUNERAL DIRECTOR.

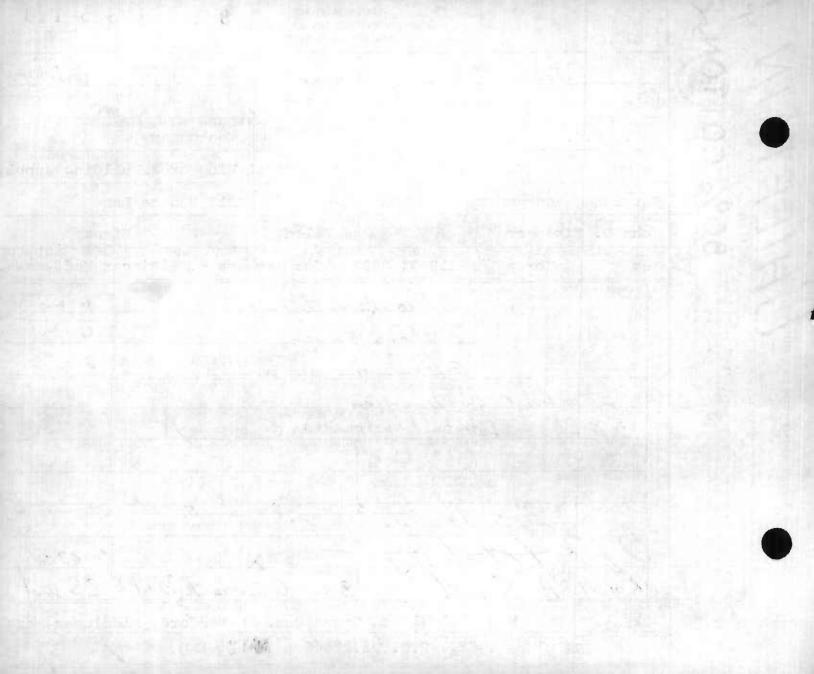
E 5 FOR YOUR FILES.

E), WITHIN 72 HOURS

W, PRESTON STREET, DEATH MATED 5-8- 1981 MICHAET YEAR 10 HEYR . SEX 4. RACE DATE OF BIRTH IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOUNCED male white DEAD 5-8-181 38 30 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE COUNTRY? FOREIGN COUNTRY) MARRIED X NEVER MARRIED Montgomery County DIVORCED AGED, W MARYLAND IN CITY OR TOWN OF DEATH 3 TO THE FINE PAGE 5 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Suburban Hospital Bethesda 3. RETAIN PA ELECTRONICS ENG. U.S. NAVY USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 20400 FREDERICK RD. #B 9 MARYLAND MONTGOMERY GERMANTOWN NO 50 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME AND 2 MIDDLE FIRST MIDDLE LAST FIRST HENNEBERRY CHARLES **EDWARDS** HELEN M. 160. WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17. INFORMANT ADDRES GERMANTOWN, MD. DIVISION (YES, NO. OR UNKNOWN) I IF YES, GIVE WAR OR DATES! 20400 FREDERICK RD. #B9 YES VIETNAM 215-40-9092 ERLINDA EDWARDS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a). OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 .0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? **BURIAL**, YES TEX NO E 3 SHOULD BE DEPARTMENT SHOULD BE 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING WEDICAL 9:40PM 5-8-CONTRIBUTING CAUSE OF DEATH 1981 pedestrian struck bv 21e PLACE OF INJURY LAT HOME 211 LOCATION highway NOT WHILE XX AT WORK North nr. Urbana Montgomery Co., Md. AT WORK TO MEDICAL EXAMINER: 11
EXECUTE THE CERTIFICATE.
PAGE A SHOULD BE FORW
TO FUNERAL DIRECTOR: PA ХX 22a I certify that I took charge of the remains described obave, held an Inspection Inquiry and in my opinion Undetermined monner death resulted fram Natural causes TITLE (SPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER 5-9-81 SIGNATURE BALTIMORE, EXAMINER'S NAME Margarita A Korell M.D. Pann Street 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY N BALTIMORE BURIAL MARYLAND LORRAINE PARK WOODLAWN 05 - 12 - 81BP 24 FUNERAL DIRECTOR 21229 DHMH - 17 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE (VR A15 ME (5))

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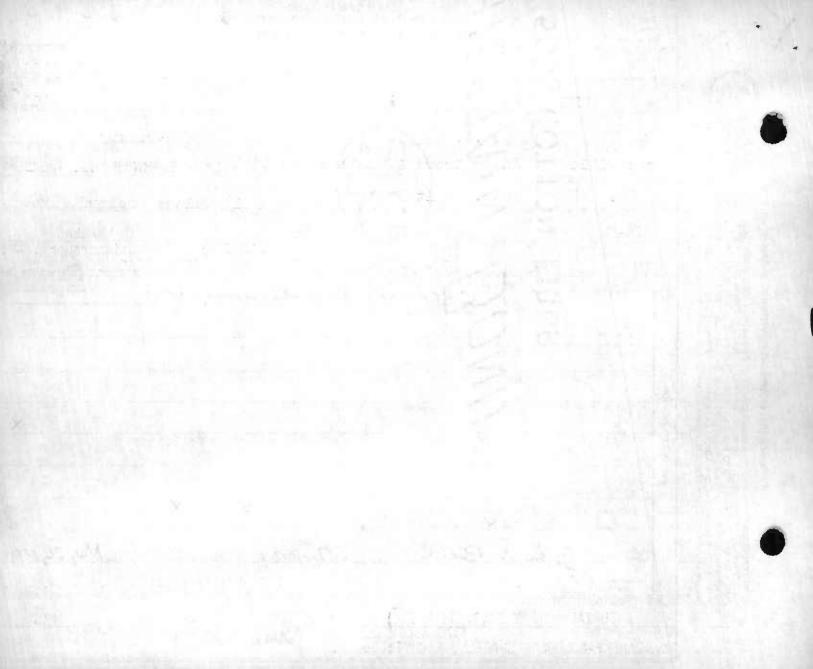
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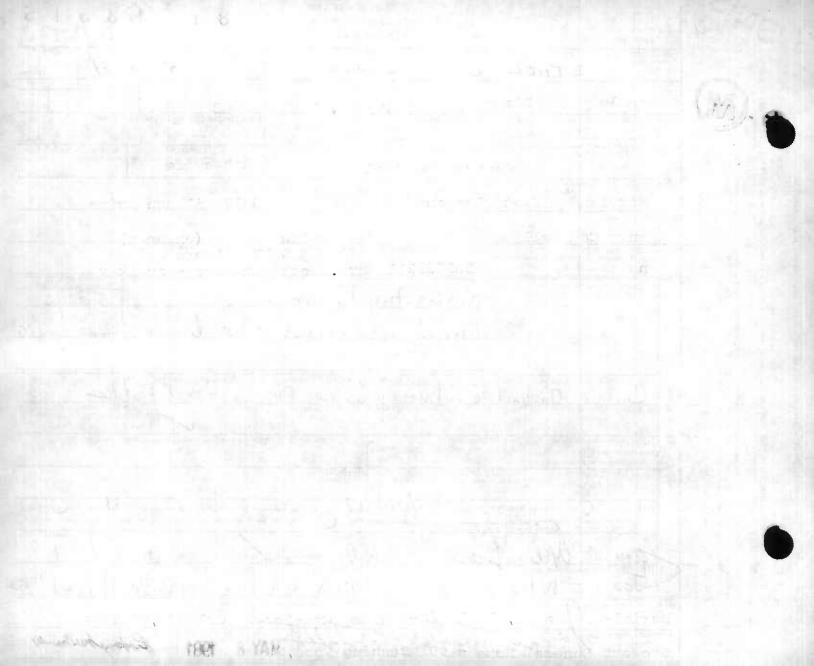
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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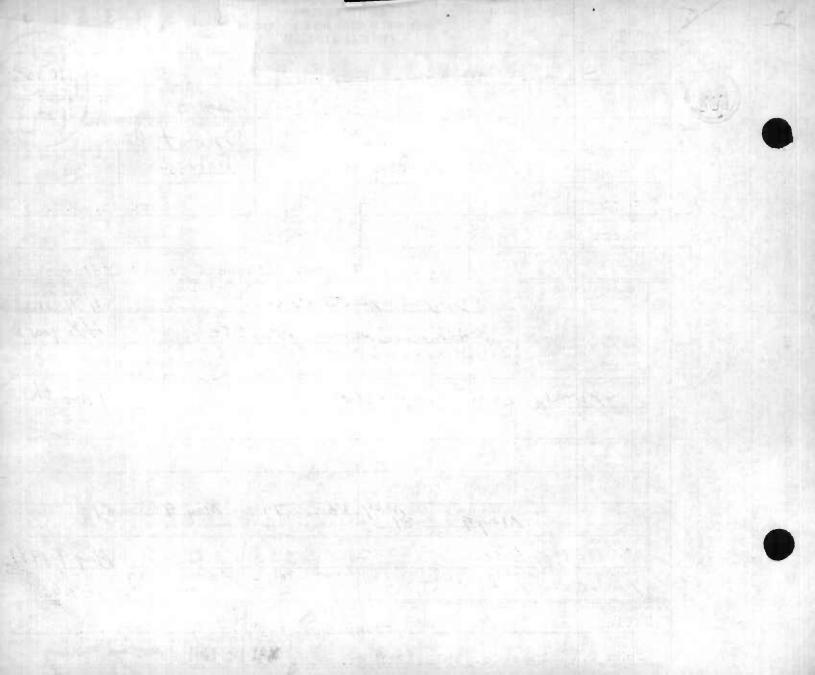
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A HE HALL	SIGN		21.13	all	M	D. DePut	9 MEDI	CAL EXAMINER	DATE	May 2	4,1981
DEA SEA	EYAM	INER'S NAME JOHN	C DALL			7	026 01	d Coomand	D.d	Dati	MD
TO MEDICAL EXAMENS TO PROJECT FOR THE CENTER PAGE 4 SHOULD TO FUNERAL DIRE AFTER DEATH, WITH AFTER DEA	(TYPE	OK FRINT)	G. BALL					d Georget	own Ka	., Betr	1., MU.
507549	23a. BURIAL, ( (SPECIFY)		23b. DATE			R CREMATORY	23d LO	CATION DR TOWN LTIMORE	ÇOUI		STATE
080BP	24 FUNERAL		MAY 28,198		D HEBRE		KY BA	LTIMORE REGISTRAR (25h	DECISTRADIC		MD.
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t &	1	em 6 G 555 5/25 for state registrar	/81 GB	DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 1	NO.	3 6	1 6
1 71		CEASED NAME FIRST OR PRINT) Samu	0\ Z	Villan		vans	20 DATE OF DEATH	5 - 6		HOUR
(M)	3. SE	Male	4. RACE Neg		5. DATE C		6 AGE (IN YEARS LAST	IM		FUNDER 24 HRS
The state of the s	3	RTHPLACE (STATE OR FOREIGN COUNTRY)	USA		WIDOWE		9 BALTIMORE CITY	T. Co	OF DEATH	M
John South	10 €	ITY OR TOWN OF DEATH	NAME OF	HOSPITAL, NURSING	о номе с В № е п	ROTHER INSTITUTION tist	TYPE WORK FOR MO		IZE KIND OF E	
filled in outside be		AL RESIDENCE (IF NUR TO COME	OTHER INSTITUTION			13d INSIDE CITY LIMITS?	13e. STREET ADDRES	s obart	St., N.	W.
1000 and 2 sh		ATHER'S NAME Robert Taylo:	MIDDLE	LAST		15 MOTHER'S MAIDEN N	AME	Evan	LAST	
Tond co	160	VAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES)	16b SOCIAL SECUR		17 INFORMANT		vans/w	ife/sa	me as
law requires that the description of the other signed by the oil right. Then please remove prior to burial, cremating any injury, an other training.	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause ial, stating the underlying cause last  PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION	COPO	1 0	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	20b. IF YES.	WERE FINDING ING CAUSES OF	ath S USED F DF ATH?
NG PHYSICIAN: The law required physician.  Offending physician.  Ther this certificate has been signs the burial-transit permit. Then the and Mental Hygiene prior to be orked or item 18 shows any injury.		71a. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY 	Y YEAR	21c. HOW INJURY OCCU	YES NO	YES		NO []
G PHYSI G PHYSI er this ce s the buri	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY TREET, FACTORY, OFFICE FA		211 LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
HOSPITAL OR ATTENDIFTED		220. I certify that (I) (this hosp saw the deceased olive or above, (I) (we) (did) (did not 27b. SIGNATURE  The last format for a control of the control of	OR PRINT)	he deceosed from 198, offer death	an I	22e ADDRESS 863	MEDICAL S DIRECTOR PHY	TAFF SICIAN	22c. DATE SIG	9, 198
	230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 5-14-			METERY OR CREMATORY	23d. LOCATION CITY OR FOWN		COUNTY	STATE
BP DHMH - 16 50M 1/81 (VRA 15, 4)		UNERAL DIRECTOR John T. Rhin		ADDRESS		y Memoria	AY 15 1981	ndover AR 75b REGISTR	AR'S SIGNATUR	E



Joseph Gawler Funeral Home Washington, D.C.

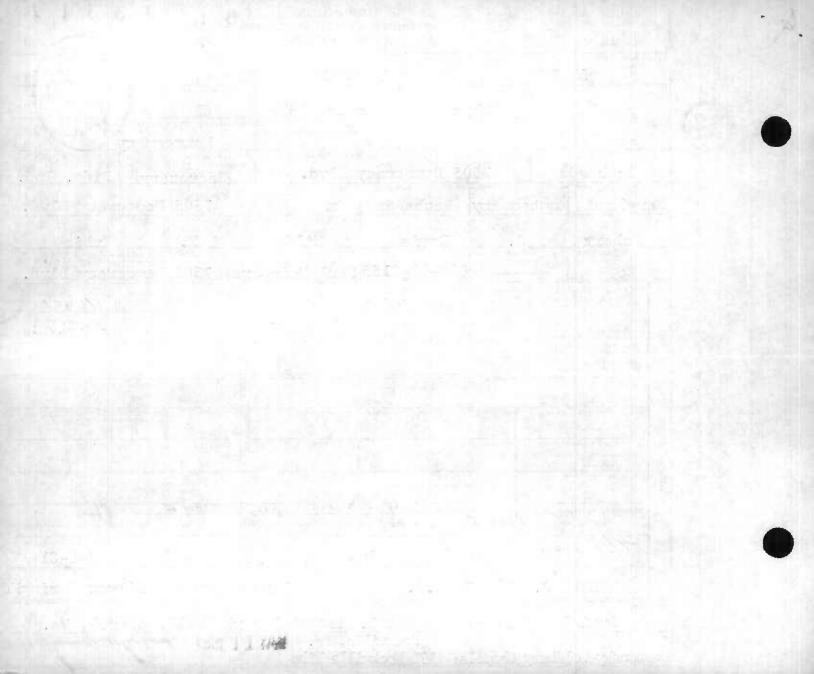
(VRA 15, 4)

.w.2 Gregory U.S. Kovy

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME KNOWN XX MONTH (TYPE OR PRINT) ESTI-Federmeyer Brian R 10 81 DEATH MATED 05 16 0032 4. RACE 3 SEX AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 20 57 DEAD 16 19 81 0032 10 05 Male Caucasiah 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED [ Montgomery County B. GIVE PAGES 1, 2, AND 3 TO THE FULL WITH FORM PM 3. RETAIN PAGE 5 I PAGE 1 AND 2 SHOULD BE FILED, V DIVISION OF VITAL RECORDS, 201 W. 201 W. 10. CITY OR TOWN OF DEATH 128 USUAL OCCUPATION (TYPE OF WORK 128 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Student Shady Grove Adventist Hospital Rockville USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 24808 Woodfield Rd. Montgomery Damascus CITY OR TOWN 1134 INSIDE CITY LIMITS? Maryland YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Jefferson Donald Federmeyer Shirley Lloyd Jans 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 215-72-8304 Shirley J. Nicoll. Item 13 CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT.
OF HEALTH AND MENTAL HYGIENE, D
RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost phales + chair infection PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CRRTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES X NO [ 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH 71# PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY FARM FTC 1 STREET CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Accident X Homicide Undetermined manner Notural causes ACTUAL mys SIGNATURE MEDICAL EXAMINER John G. Ball, M.D. Bethesda, Md. EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial STATE May 19, 1981 Damascus Meth. Damascus, Montgomery, BP 1756 DATE RECID BY REGISTRAR 1256. REGISTRA RE 24 FUNERAL DIRECTOR NAME Olin L. Molesworth, P. A., Damascus, Md. **DHMH - 17** (VR AT5 ME (5) 15M 2/80

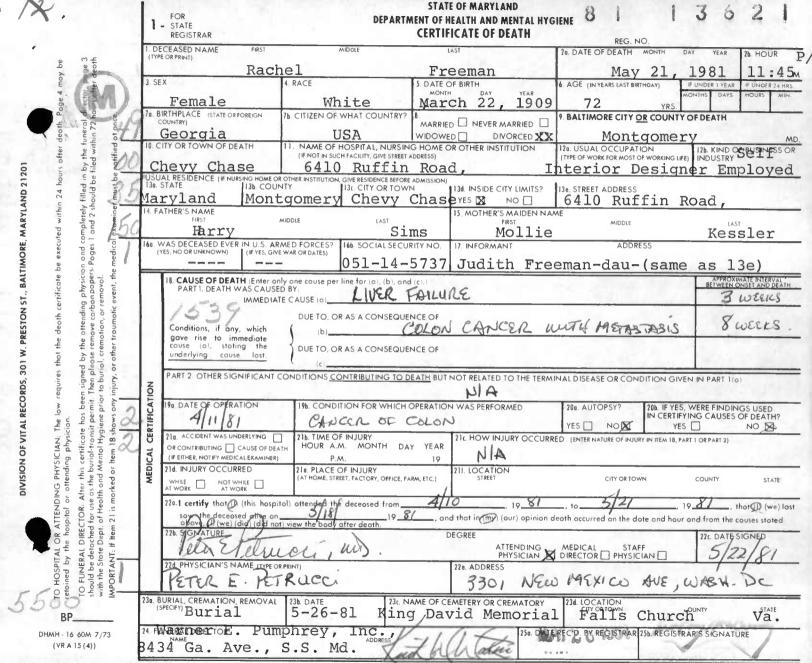
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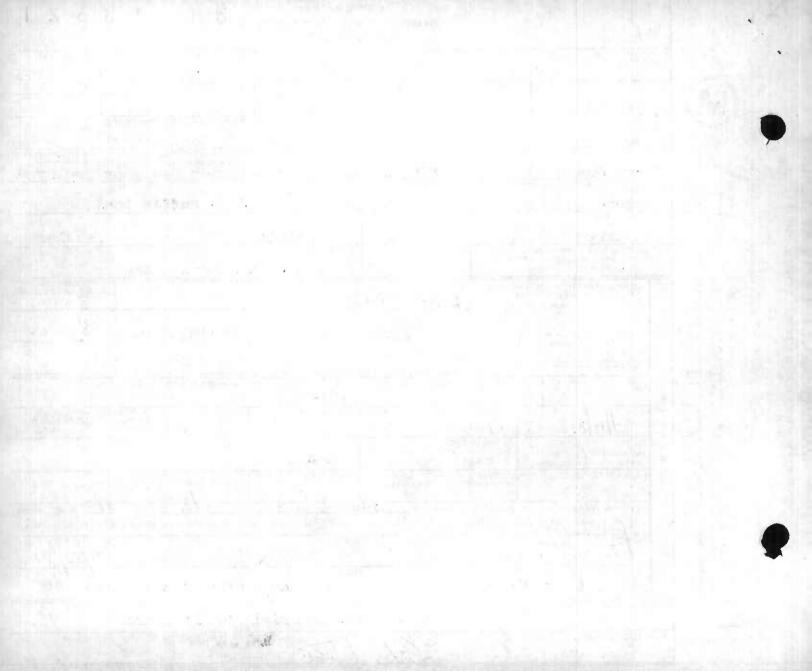
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3 10.	city or town	OF DEATH	11. NAME OF H	OSPITAL, NURSIN	IG HOME, OR OTH	HER INSTITUT	ION 12	O. USUAL OCCUP FOR MOST OF WOR	PATION (TYPERATI	ON ME	CHANTC	BUSINE:
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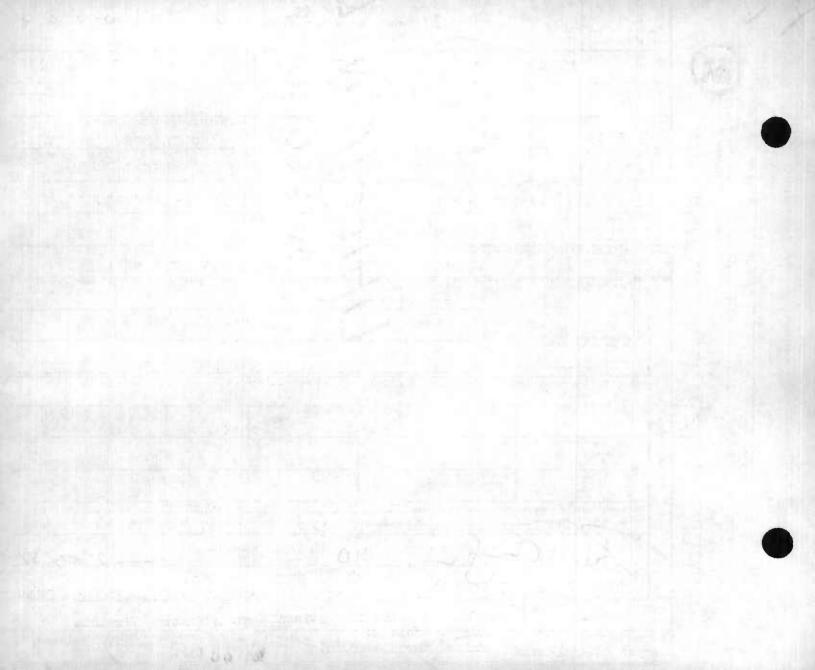
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Gallagher Daniel Joseph ESTI-:08 5 81 DEATH MATED AM M 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2, AND 3 TO THE FUNERAL DIRECT 3. RETAIN PAGE 5 FOR YOUR FII 2 SHOULD BE FILED, WITHIN 72 HO AL RECORDS, 201 W. PRESTON STR FUNERAL DIREC E 5 FOR YOUR F D, WITHIN 72 HG PRONOUNCED CITIZEN OF WHAT COUNTRY To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Wash, D.C. DIVORCED Montgomery WIDOWED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Realator Self-employe USUAL RESIDENCE (IF IN NURSING 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NONE NONE WASHINGTON YES X NO.P UURS AFTER DEATH. IF,
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; DIVISION OF WITH R 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AN IDDEE FIRST LAST William J. Gallagher B. Nano Bresnan 17. INFORMAN ADDRESS 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Sister (YES, NO, OR UNKNOWN) Yes WWll Mary M. Gallagher Same as CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, D VATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate cause (a) stating the under lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) < OF HEALTH CERTIFICATION USED AS 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BAFTER DEATH, WORD, 21201 PRIOR TO BURIAL, YES 🗌 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK AT WORK 220 I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion death resulted from: Notural causes Homicide Undetermined monner TITLE (SPECIFY) SIGNATURE EXAMINER'S NAME John S. Rogers 1919 Seminary Rd., Silver Springs Md (TYPE OR PRINT) 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE Washington D.C Mt. Olivet Cemetery 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Washington D.C. DHMH - 17 Wisconsin Ave. N.W. (VR A15 ME (5)) 15M 2/80

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ING PHYSICIAM: The law requires that the death certificate be executed within 24 hours or attending physician.  Wher this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carban papers: Pages 1 and 2 should be file than Amental Pygene prior to burial, cremation, or removal.  Only the 18 shows any injury, or other traumatic event, the medical explainmer page being a standard or them.	NOI	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEOU  b)  DUE TO, OR AS A CONSEOU			N IN PART 1(0.
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STATE OF MARYLAND

FOR

MARYLAND 21201

BALTIMORE,

PRESTON

DIVISION OF VITAL RECORDS, 201

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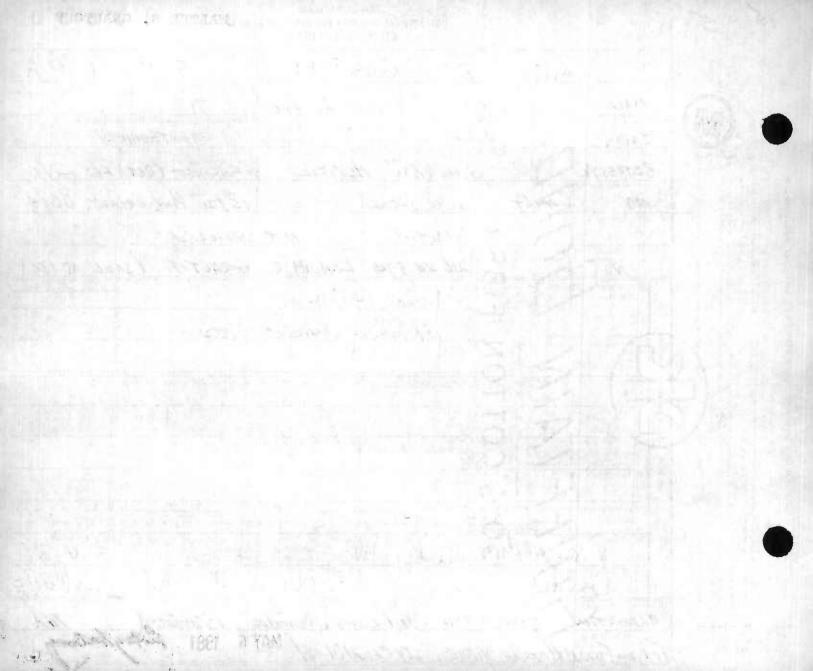
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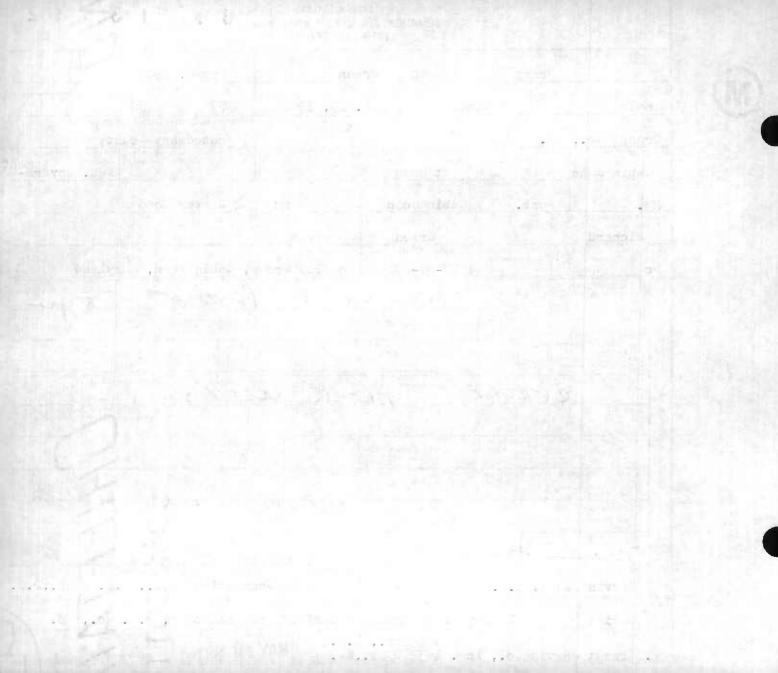
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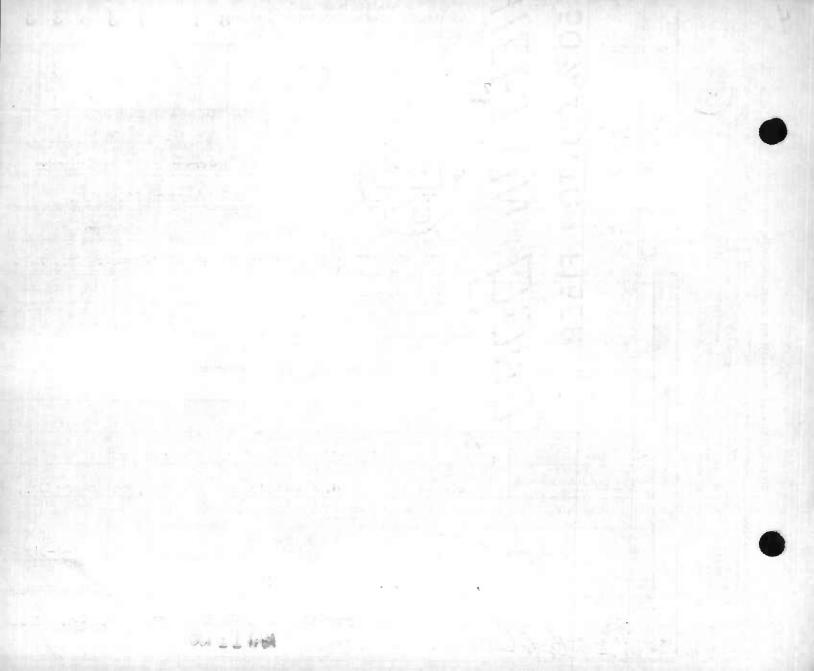


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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201  TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PREASE EXECUTE THE CERTIFICATE, WRITING THE WORD. "PENDING" IN PENCIL IN 1EM 18, GIVE PAGES 1, 2, AND 31O THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3, RETAIN PAGE 5 FOR VITAL SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3, RETAIN PRICE 5 FOR VITAL SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3, RETAIN PRICE 5 FOR VITAL SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3, RETAIN PRICE 5 FOR VITAL SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3, RETAIN PRICE 5 FOR VITAL SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3, RETAIN PRICE 5 FOR VITAL SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3, RETAIN PRICE 5 FOR VITAL SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3, RETAIN PRICE 5 FOR VITAL SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3, RETAIN PRICE 5 FOR VITAL SHOULD BE FORWARDED TO THE CHIEF MEDICAL SHOULD SH	/ISION O	16a. W	(AS DECEASED EV S. NO. OR UNKNOWN) NO	VER IN U.S. AR	MED FORCES? WAR OR DATES)		AL SECURITY -70-67		Mrs. Eve	elyn Y	oung 5	ADDRESS 501 Ec		od s	St., 1	N.E.
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Louis Hillian

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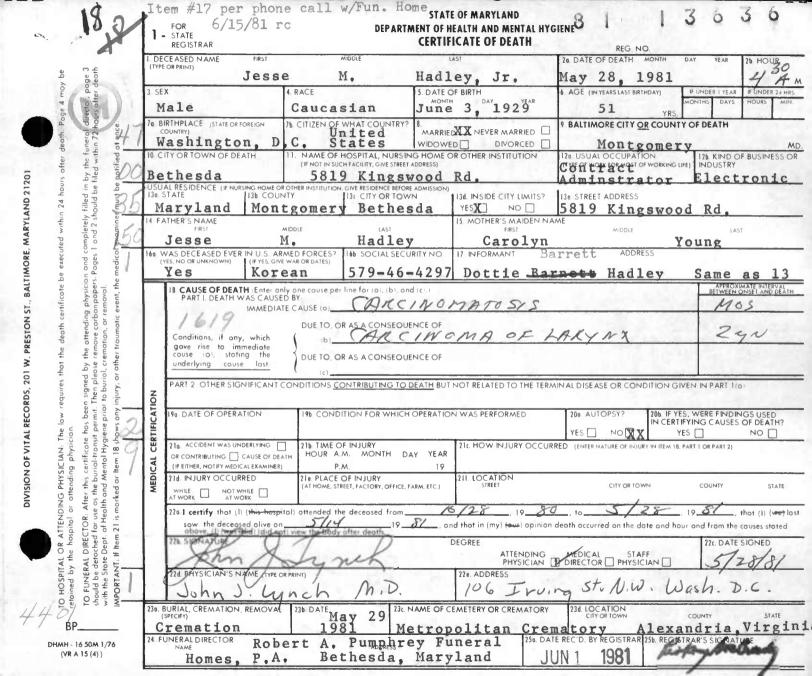
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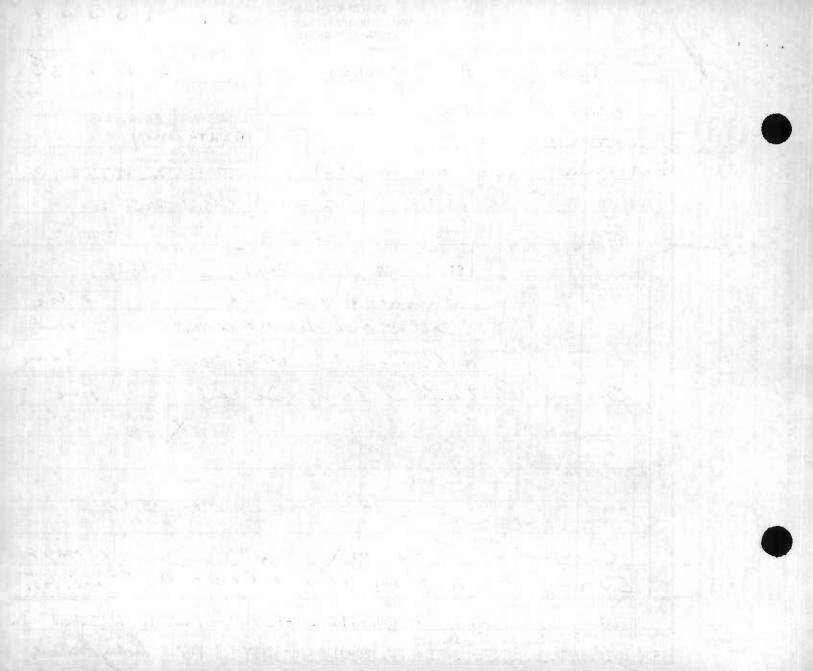
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1-	FOR STATE REGISTRAR		DEPARTMENT	TATE OF MARTLAND OF HEALTH AND MENTAL H TIFICATE OF DEATH		1 .	3 5	3 7
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n by the filed with	B	ethes da	Subur	BAN HO	spital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	F WORKING LIFE	INDUSTRY	
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not the death certificate by the attending physici se remove corbangapes cremation, ar removal. other traumatic event, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DIATE CAUSE (a).  DUE TO, OR AS A	Films	time Hear	Ema Trelier		BETWEEN S	yala 74n
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The law ician. The has been sit permit giene prior	CERTIFICATION	19a DATE OF OPERATION	U4 10 35		TION WAS PERFORMED	200 AUTOPSY?	IN CERTIFY YES		NGS USED S OF DEATH? NO []
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TO HOSPITAL OR retained by the high or TO FUNERAL DIRECTOR Should be detached with the State Department of the State Departmen		226. SIGNATURE	PE OR PRINTI	libre	DEGREE  ATTENDING PHYSICIAN  27e ADDRESS	DIRECTOR PHYSIC	IAN	131	TAYFI 205 Ton
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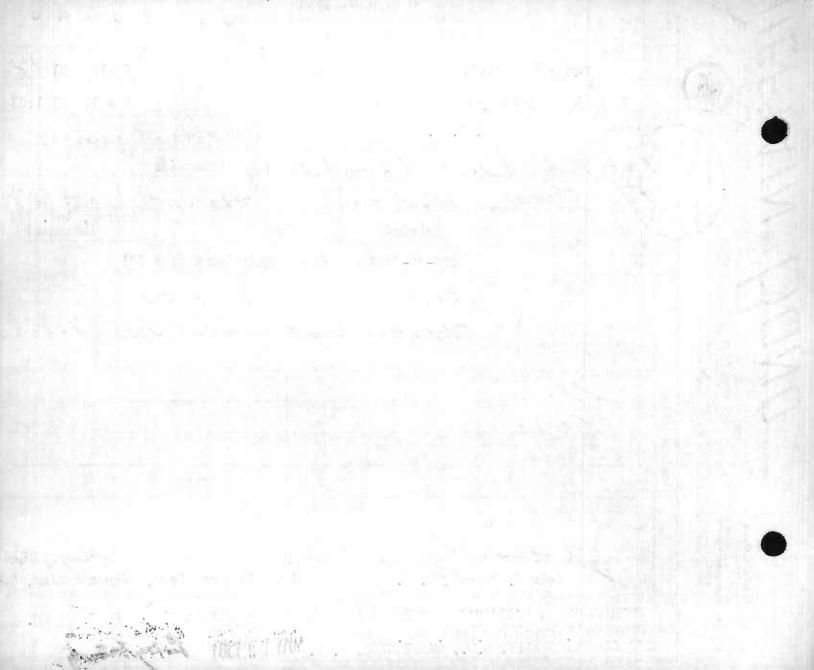
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STATE OF MARYLAND

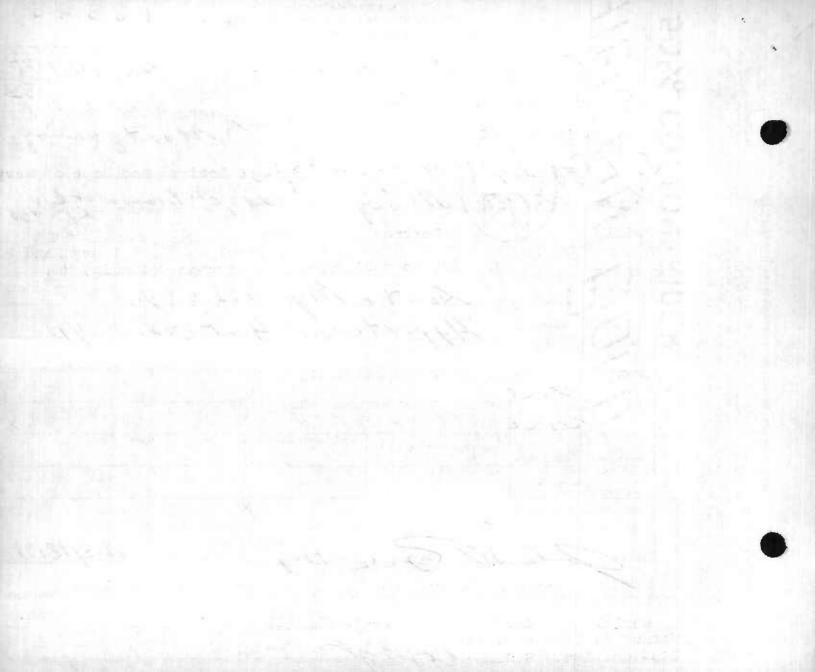
Escut De apple and and And the state of t while basil evreduced Well same C staril and the Cid the side of th Mode of Adaption ones resent the of the creek which Intrivinged and animal profession of visit of investi order . . . . . . . . Bones P. A. Cottanion, Chrystage Co. C. Chapt

10		FOR			TE OF MARYLAND HEALTH AND MENTAI	HYGIENE	1 3 6 4 3	
	1-	STATE REGISTRAR	ME		ER'S CERTIFICATE		NO.	
		CEASED NAME FIRST PEGO	gy	MIDDLE	HARRIS	2a. DATE KNOWN OF ESTI- DEATH MATED	© 5 -10 1981 7	OUR
飘)	3. SEX	4 RACE	S. DATE OF BIRTH	YEAR LAST BIRTHD.	ARS IF UNDER 1 YR. IF UND	DER 24 HRS. 2c. DATE PRONOUNCED	MONTH DAY YEAR 2d, F	OUR
		RTHPLACE (STATE OR	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIED TO THE WEVER MA	PRIED 9. BALTIMORE CITY	5 - 10 181 1:0	)3 <sub>M</sub>
×17		AUSTICA TY OR TOWN OF DEATH		S. A.		IZE USUAL OCCUPATION (I)	THE OF WORK 1128 KIND OF BUSINES	MD.
SHOULD BE FILED.		Tak Pork	IF NOT IN SUCH F	CILITY, GIVE STREET ADDRESS)	vant otH	Housewife	OR INDUSTRY	
STORES.	130. S		NTY Ward	13c. CITY OR TOWN	13d INSIDE CITY LIMITS YES XX NO		h West 682	h
249	14, F/	ATHER'S NAME Adolph	WIDDLE	Sokoloff	IS. MOTHER'S MA	A IDOI E	Avenue, Apt. 1: (Unknown)	20
3	16a. V	VAS DECEASED EVER IN U.S. A	RMED FORCES? E WAR OR DATES)	166. SOCIAL SECURIT 578-09-496	Y NO. 17. INFORMANT	rris (Same as #	SS	
3	F	18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	nly one couse per line	far (a), (b), and (c).)		1 . 1 6	APPROXIMATE INTERVI	/AL DEATH
MOVAL		4291 IMMEDI.	ATE CAUSE (a)	AS A CONSEQUENCE	My 6 CZ	rdist blu	2 1/	_
NTAL H	-	Canditions, if any, whic gave rise to immediat couse (a) stating the unde	e (b)	AS A CONSEQUENCE	Myou	iardix 1 D	11 915	
USED AS A BURIAL-TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL.		lying cause last.	(c)					_
ALTH A	NOI	PART 2 DTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN II	N PART 1 (a).		
RIAL,	CERTIFICATION	190. DATE OF OPERATION	19b COND	TION FOR WHICH OPER	ATION WAS PERFORMED?		20. AUTOPSY? YES ☐ NO	<b>X</b>
D, 21201 PRIOR TO BURIAL, O		210 EXTERNAL CAUSE WAS		FINJURY A MONTH DAY YEAR		RRED (ENTER NATURE OF INJURY IN ITEM T		
PRIOR	MEDICAL	CONTRIBUTING CAUSE OF	21e PLACE		211 LOCATION STREET	CITY OR IOWN	COUNTY 5	TATE
, 21201	2	AT WORK AT WORK						
WITH THE SMARYLAND,		22a. I certify that I taak cha death resulted fram: Not	rge of the remains de urol causes		Autopsy, Inspecticide, Hamicide	rtion . Inquiry . , c	ond in my apinian ],	
H, WIT		ACTUAL SIGNATURE	220	Com	TITLE (SPECIFY	MEDICAL EXAMINER	DATE A 10/9	12'
TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,	-	EXAMINED NAME JOH	ın S. Roge	rs. M. D.	191		, Silver Spring,	Md
AFTE BALT	23a.B	(TYPE OF PRINT)URIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CE	METERY OR CREMATORY	23d. LOCATION	COUNTY STATE	=
			5/11/198 EIN HEB		ILL CREMATORY	SUITLAND.	P. G. MD.	_
MH - 17 15 ME (5) ) M 2/80		232 CARROLL ST	REET, N.W	MEM. FUN. H ., WASHINGT	ON, D. C. MAY	13 1981	y Made and	_



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•	Walder		CEASED NAME (FOR PRINT)		MIDDLE	14 3 ac	tman	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH D	11 St 3/1
	STREET STREET	3 SE	4. RACE	5 DATE OF BIRTH	YEAR LAST BIRTHE		R. IF UNDER 24 HR	S 2c DATE PRONOUNCED	MONTH D	AY YEAR 24HQUE
	1020	1 0	IRTHPLACE (STATE OR	16 CITIZEN OF W	260/ 80	RS.		9 BALTIMORE CIT	121/1	19/1 0 M
0	WITH WEST	FC	PREIGH COUNTRY)	USA	THAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Mo	x7 20	medy y un
	PAGE 5	10. C	STY OR TOWN OF DEATH		SPITAL, NURSING HOM ACHITY, GIVES LEET ADDRESS)	E, OR OTHER INST		USUAL OCCUPATION OR MOST OF WORKING LIFE)  Retired	Sec. De	KIND OF BUSINESS OR INDUSTRY
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MG.	H. 25.32.25	14. F/	ATHER'S NAME	MIDDLE	LAST	15 MO	THER'S MAIDEN NA	ME MIDDLE	/	AK 430
ME.	OG PANES		Philip		Hartman		Mary	J.		Meehan
ALTIMO	AFTER I	16a V	VAS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	166 SOCIAL SECURI	101	ormani (nepher	w) ^70		ry Hand Pl
3	WIT WIT		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly one cause per lin		1	1	ar chiair co	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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201	SCUTED S' IN PI IN EXA URIAL- ND MEI		lying couse last.	(6)	CAGA GOTTSEODETTEE					
DIVISION OF VITAL RECORDS, 201 W.	2 2 3 B 4 4	NO	PART 2 DINER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	NINAL DISEASE DR CONO	DITION GIVEN IN PART 1 (a)			
- A	골든까밍표ㅋ ~~	N N	190. DATE OF OPERATION	196 COND	ITION FOR WHICH OPE	RATION WAS PERF	ORMED?		2	D AUTOPSY?
VITA	WORD WORD WORD WORD WORD WORD WORD WORD	CERTIFICATION		2						YES NO
ON OF	4 m + 3 < 2 /		210 EXTERMAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		A. MONTH DAY YEA	R 21c HOW INJU	URY OCCURRED (ENT	ER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
DIVISIO	THIS CERTIFIC WARDED TO I PAGE 3 SHOUI STATE DEPARTA 21201 PRIOR I	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE [ AT WORK AT WORK		OF INJURY (AT HOME, CTORY, FARM, ETC.)	21f LOCATION STREET	1	CITY OR TOWN	COUNTY	STATE
	W ~		220 I certify that I took char	ge of the remains de	scribed abave, held an	Autapsy .	. Inspection	, Inquiry .	and in my opinio	n
	る正常 ひェう		death resulted Irom: Natu	ral causes (	Accident, Si			determined monner		
			ACTUAL SIGNATURE	2 80	(A)	M.D.	E (SPECIFY)	EDICAL EXAMINER	DATE	x/81957
	MED	* 1 ST	EXAMINER'S NAME JC	hn S. R	ogers, DM	E ADDRES	Silver	Spring,	Maryla	nd
DO	200	23a.B	URIAL, CREMATION, REMOVAL			METERY OR CREM Cat	tholic 133d.	TOCATION Pitts.,	COUNTY	Penna.
00	BP	71 E	Burial UNERAL DIRECTOR Cher E. Pumph	May 23-		ry's Cei	matary I	BY REGISTRAR 25b. R	REGISTRAR'S SIGN	
	DHMH - 17 (VR A15 ME (5))	RA.	34 Ca Arra	rey, Jan	Kay. 19%.	345	MAY 22	1981	Trylow	wordy
	15M 2/80	D.H	ra da Ave.	D.D. Ma	1	1			-	



REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME (TYPE OR PRINT)	eter L.	Haunes	May 7.1.	ORI 553 A
3. SEX	1. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)  3/ YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
78. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY OR COUNTY  MONT 90MER	Y OF DEATH  CY COUNTY ME
Silver 2041	11. NAME OF HOSPITAL, NURS (HE NOT IN SUCH FACILITY, GIVE STREI	ING HOME OR OTHER INSTITUTION ET ADDRESS) OSS HOSPITAL	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LET  Journalist	12b. KIND OF BUSINESS OR INDUSTRY Boston Globe
USUAL RESIDENCE (IF NURSING 1998)	PROTHER INSTITUTION, GIVERSIDENCE BEFO UNTY 131. CITY OR TO	WN 13d INSIDE CITY LIMITS' YES NO	? 13. STREET ADDRESS St.	
4. FATHER'S NAME Rev. LeonardL. H	MIDDLE LAST	15 MOTHER'S MAIDEN		LAST
(YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)  16b. SOCIAL SEC. 452 92		ADDRESS Aynes 1798 77th Av	La. re. Baton Rouge
PART I. DEATH WAS CAL IMMED Conditions, if ony, which gove rise to immediate couse (a), storing the	only one couse per lipe for (a), (b), of ISED BY:  IATE CAUSE (a)  DUE TO, OR AS A CONSEQ  (b)  DUE TO, OR AS A CONSEQ	state Carcine vence of vencema of	ma to the live	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  9 month
PART 2/OTHER SIGNIFICAN  I 11 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	el obstruc	DEATH BUT NOT RELATED TO THE TE	20g AUTOPSY? 20b. IF YE. IN CERTIF	VEN IN PART 1(0)  E. W. S.  S., WERE FINDINGS USED FYING CAUSES OF DEATH? ES  NO  NO
OR CONTRIBUTING CAUSE OF  (IF EITHER, NOTIFY MEDICAL EXAM)  21d INJURY OCCURRED  WHILE NOT WHILE	DEATH HOUR A.M. MONTH	19 211 LOCATION		
22a.1 certify that (1) (thus sow the deceased alive above, (1) (the did) (did) (did)	Dallan	DEGREE ATTENDING PHYSICIAN	ion death occurred on the date and hou	19 that (I) (see) los ur and from the causes stated
22d PHYSICIAN'S NAME (IV	S I, CAHI	M. D 220 ADDRESS 98	GEORGIA BILVER SPRIN RY 23d LOCATION	16, MD 2090
Burial  24 FUNERAL DIRECTOR	May 24,1981 S	outhern MemorialG	arden Baton Rouge,	LEOUNTY STATE  TRAR'S SIGNATURE
	iome 1661 Good Ho		128 1301	, and a state of the state of t

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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452 92 1369 Leile L. Styner 1798 77th No. Baton No.

esaineton, b.C.

Leson Funeral Nove 1661 Good Lore Md., S.S. W. K.

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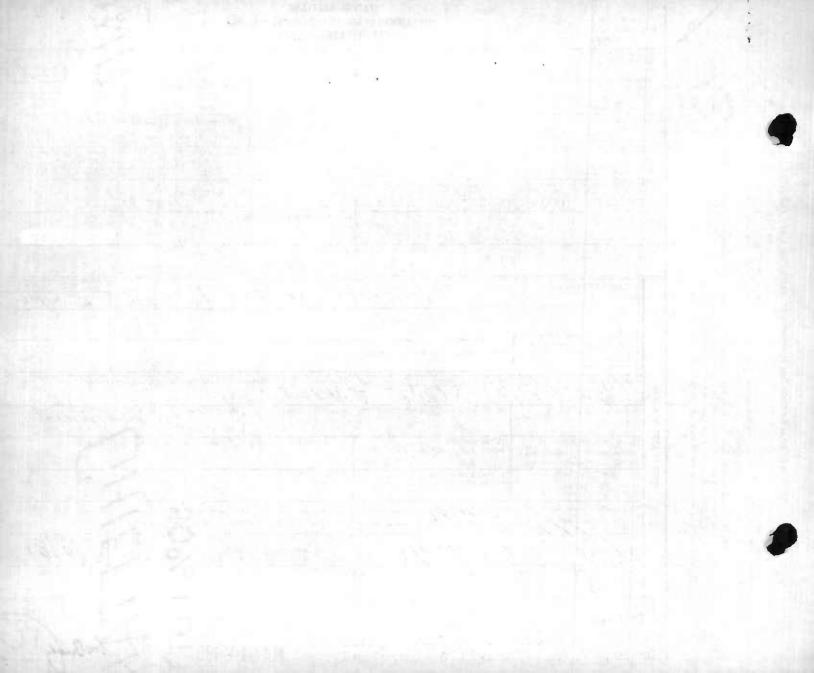
Homes, P.A., Rockville, Maryland

FOR

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN



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AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery 126. KIND OF BUSINESS OR INDUSTRY Housewife 4450 So. Park Avenue Verona ADDRESS Potomac, Md. Debbie Cohn; 11312 Broad Green Dr. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 months 8 months PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE CITY OR TOWN .. and that in (n (aur) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN PIRECTOR PHYSICIAN 5225 Pooks Hill Road; Bethesda, Md. Capitol Hts., Md. Rockville, Md. 25a DAT REGISTRAR'S SIGNATURE Danzansky-Goldberg Chapels; II70 Rockville Pike

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

7b. HOUR

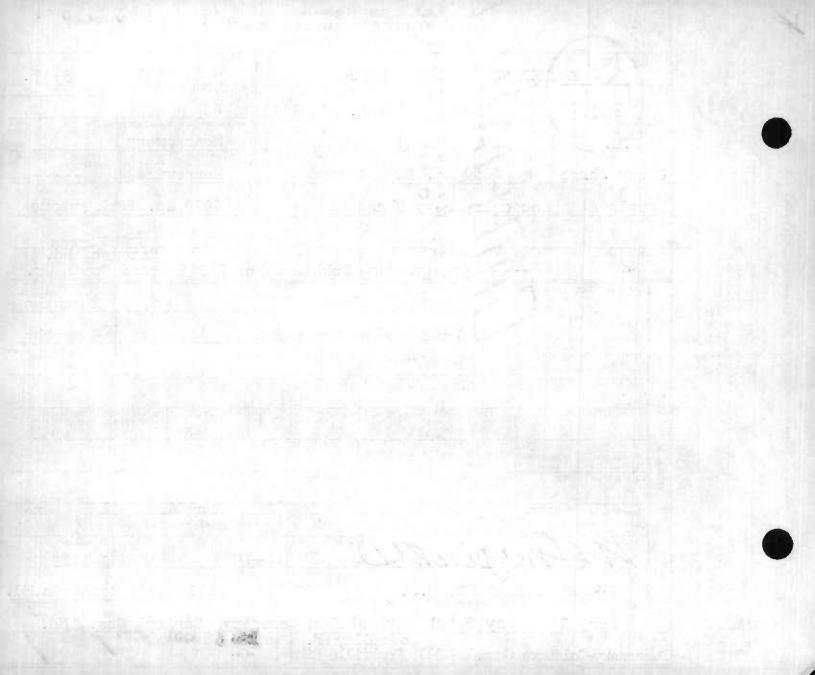
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(VRA 15, 4)

FOR

- STATE

REGISTRAR



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		. 7		ale	White		MONTH	DAY YEAR			MC	ONTHS DAYS	HOURS MIN.
-	(4)	100	-	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	May	19 1915	9 RAI	66 LTIMORE CITY O	P COUNTY O	DE DEATH	
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502	by the	<b>DO</b>	K	ensington	9702	Hillridge	Drive	R OTHER INSTITUTION	(TYPE	SUAL OCCUPATION WORK FOR MOST OF AWYER		126 KIND O INDUSTRY	F BUSINESS OR Mulholland key
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Y.	within tely f	wa.	_	THER'S NAME	Pomer	The House	, O.I.	15. MOTHER'S MAIDEN		OL HALL	LLuge	DITAE	
MAR	complet 1 and 2	550	_		J.	Hickey		Margar	et	J.		De	
ORE	9 0-	the m		VAS DECEASED EVER IN U.S. A res, no or unknown)   1   1   1   1   1   1	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	~		
T.	_ (0	. V.		Yes WW1	1	577-12-7	813	Elizabeth	M Hic	key Wife	· Same	as it	em ^ 13.
BAL	certificate g physiciar n papers. P	traumatic event,		18 CAUSE OF DEATH (Enter of	only one couse pe			>			r Felizio	BETWEEN	MATE INTERVAL ONSET AND DEATH
ST,	cert ng ph	Jatic	-		ATE CAUSE (a)	CARDIAC	THE	REST					
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EST	atte	other t		Conditions, if ony, which	(b)_	CIRRHOS	5/5 C	F LIVER					
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10		injury,			( (c)_								
35, 2	v require on signe hen ple to buri	in .	z	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	0		have -		N IN PART 16	31
RECORDS	av T	s an	TIO	LONGE	STIVE	MEART T	FAILC	N WASPERFORMED	765, 6	-DEMA		WERE FINDIN	ICS USED
2	That ha	Shows	CERTIFICATION	DATE OF OPERATION	176 CON	DITION FOR WHICH	OPERATIO	NWASPERFORMED			IN CERTIFY	ING CAUSES	OF DEATH?
IA	IAN: T		ERT	7 a ACCIDENT WAS UNDERLYING	21h TIME	OF INJURY		216 HOW INJURY OCC	-	NO NO	YES		NO 🗌
<u> </u>	PHYSICIAN: g physician. this certificate urial-transit pe	or Item 18		OR CONTRIBUTING CAUSE OF D			YEAR	ZIC NOW INJORT OCC	CORRED (E	NIEK NATURE OF INJUI	CT IN HEM 18, PAR	(I I ORPARI 2)	
2	PHY ng ph this c urial- Ment	Jo	MEDICAL	1# EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	-	OF INJURY	19	ZII LOCATION					
	tending After th the bur th and N	marked	MEC	WHILE OCCURRED		TREET, FACTORY, OFFICE, F	ARM, ETC )	STREET		CITY OR TOV	VN	COUNTY	STATE
		2		22a l certify the (II) this hos	oitol) ottendedy	he deceosed from_	70	LY	3_,10	5/28	1	98/	that (1) (we) lost
	AT pital ECT for u	E		sow the deceased alive a above, (1) (Me) (did) (did r	not) view the bad	y after death.	or or	id that in (my) jour) opini	nion deoth o	occurred on the de	ote and hour	ond from the	couses stated
	RIC RIC FEET FEET FEET FEET FEET FEET FEET FEE	1		226. SIGNATURE	7 .	/· 0		DEGREE				22c DATE	SIGNED
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	d by NEF be d	¥ 1		224 PHYSICIAN'S NAME (TYPE				22e ADDRESS	. /	. / ./	,		5
	TO HOSPITAL retained by the I	MPORTANI		10015 GILL	ESPIE,	IR. M.,	3,	1716 1	1/57,	N.W, C	NASHI.	NGTON,	DiC,
111	F F F # 3	2	23a (	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c 1	NAME OF C	EMETERY OR CREMATOR	RY 23d	LOCATION CITY OF TOWN		OUNTY	STATE
710	BP	_		Burial	6/1/1	981 N	it. 01	ivet Cemete		Washing	ton. D.	C	
	DHMH-16 2	5M	24 F	UNERAL DIRECTOR JOSET	oh Gawle	r's Sons	Inc	25a. 0	DATE REC'	BY REGISTRAR	256 REGISTR	AR'S SIGNAT	URE.
	(VRA 15, 4)			~5130 Wisc. 1	lve., N.	W. Wash.,	D.C.	1	3 may 2	v versell		100	100

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FOR

REGISTRAR

70. BIRTHPLACE ISLATE OR FOREIGN

Philippine, Islands USA

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

I DECEASED NAME

- STATE

3. SEX

Male

Bethesda

Maryland

14 FATHER'S NAME

Yes

John

(YES, NO OR UNKNOWN)

Conditions,

couse (o).

21d INJURY OCCURRED

236. BURIAL, CREMATION, REMOVAL

226 SIGNATURE

Burial

NOI WHILE

CERTIFICATION

MEDICAL

130 STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH LAST

JR

YEAR

HINCKE

YES XX

17 INFORMANT

5. DATE OF BIRTH

June

WIDOWED

National Naval Medical Center

REG. NO 20 DATE OF DEATH MONTH 2b. HOUR 1981 Mav 01 2:00A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 1929 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED Montgomery 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY U. S. Army Military 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 11212 Powder Horn Drive 15. MOTHER'S MAIDEN NAME Kane ADDRESS Mrs. Cecelia Hincke See item 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Metastatic mucoepidermoid carcinoma DUE TO, OR AS A CONSEQUENCE OF if ony, which gove rise to immediate stating the DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10

NO [

FIRST Mae

underlying cause lost.

196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

220.1 certify that (1) (this hospital) attended the deceased from May 1

John

136 COUNTY

4 RACE

USUAL RESIDENCE, HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

Montgomery

(IF YES, GIVE WAR OR DATES) 1954-1978

Ismert

Caucasian

76 CITIZEN OF WHAT COUNTRY?

21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER) P.M

21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC )

Ismert

I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

130 CITY OR TOWN

Hincke, Sr.

166 SOCIAL SECURITY NO

586 60 2842

Potomac

March

21f. LOCATION

May 0. and that in Int (our) opinion death accurred on the date and hour and from the causes stated

200 AUTOPSY?

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOX

CITY OF TOWN

STAFF

National Naval Medical Center Bethesda, Md.

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

STATE

rarina nikhi Uernalis It miliSNR 22d PHYSICIAN'S NAME (1496 OR PRINT)
Marina Nikki Vernalis, M.D.

sow the deceased alive on May 1 obove, (I) (we) (did) (find not) view the body after death.

22e. ADDRESS

MEDICAL ATTENDING PHYSICIAN [ DIRECTOR PHYSICIAN

May 01 1981

22c DATE SIGNED

23b. DATE

May 5,1981

23c. NAME OF CEMETERY OR CREMATORY Ft.Myer Arlington National

Arlington-Virginia 250. DATE REC'D. BY REGISTRAR PROJECT RAP & SIGNATUR

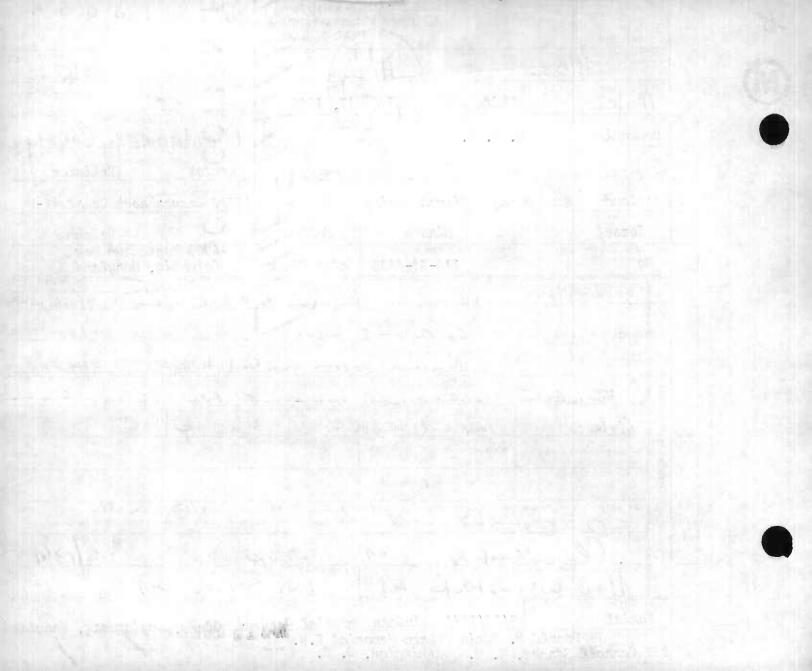
24 FUNERAL DIRECTOR

Robert A. Pumphrey Funeral Home Bethesda, MA

DHMH - 16 50M 1/B1 (VRA 15, 4)

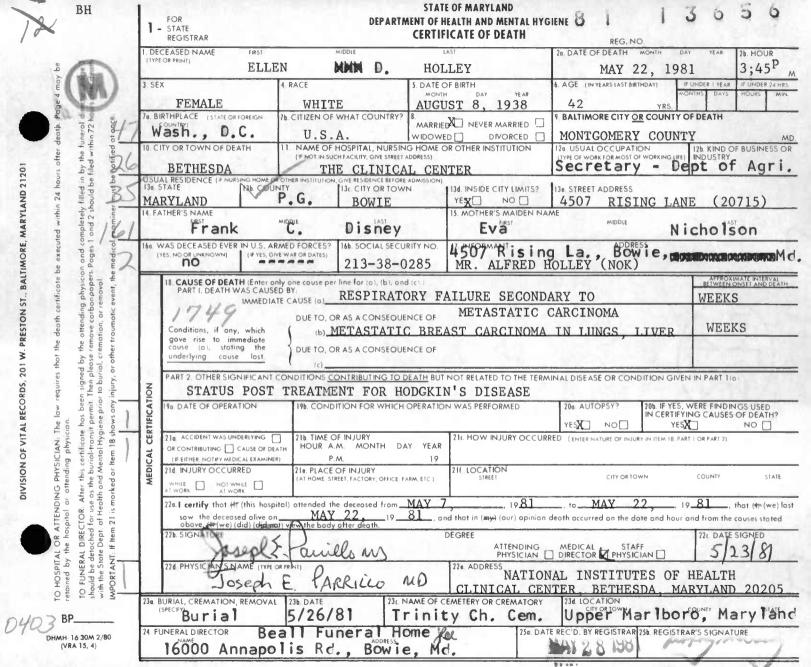
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 70. DATE OF DEATH (TYPE OR PRINT) Hlexa RSC 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHE July 17, 7905 YEAR White I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED U. S. A. Roumania IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 124 KIND OF BUSINESS Religion Canton Silver Spring 13e STREET ADDRESS Maruland Montgomeru 15310 Beaverbrook Court #2-B 15. MOTHER'S MAIDEN NAME MIDDLE Jozsen MIDDLE Hirsch Sally Reichman 6903 Bugledrum Way 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT NO NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 110-34-4632 Peter Hirsch Columbia, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which rand gove rise to immediate couse (o), stoting underlying 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a 1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DALESIGNED ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial. Judean Memorial Gardens Olney Montgomery 5/14/1981 Maruland 74 FUNERAL DIRECTOR Donald M. Stein Hebrew Memorial F.H. DHMH - 16 50M 1/81 (VRA 15, 4) 232 Carroll Street. N. W. Washington, D. C.



STATE OF MARYLAND

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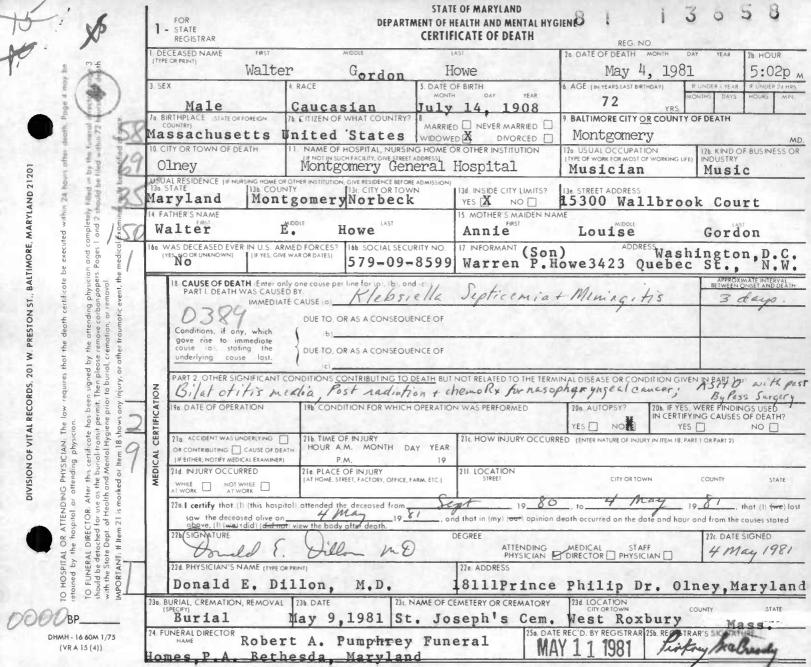
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Elens Trinity Ch. Com. Money Estabore, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO L DECEASED NAME 8. DATE KNOWN X MONTH (TYPE OR PRINT) OF Matthew III Horn DEATH MATED 5 1981 4. RACE CAUCIS. DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. 3. SEX IF UNDER 24 HRS 2c. DATE 24 HOUR 1:30 25 PRONOUNCED B. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIE WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR T. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 7 H DIVISION OF VITAL RECORDS, 201 W. PRESTON S asian Male Aug. DEAD 1981 a.M 76. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED TOREGO COUNTRY)
Washington, D.C. United States Montgomery County WIDOWED [ DIVORCED 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Mechanic OR INDUSTRY Piney Meeting House Road Auto Potomac USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS 1231 Derbyshire Road 13d. INSIDE CITY LIMITS? Rockville Montgomery Maryland YES X NO [ 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE GANaun FIRST Matthew Horn, Jr. Ann 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) Matthew A. Horn, Jr. (Same as 13e) 215-72-8623 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) CHIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Cranio-cerebral trauma IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE OF THE WORD "PRESENTED HE WARTING THE WORD "PRESENTED HE WARTING THE WORD "PROPED TO THE CHIEF."

TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIORTO BURIAL, YES XX NO 21g EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR-A.M. MONTH DAY YEAR UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH ! ! DXXX driver in auto/fixed object impact 71f LOCATION 714 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME STREET, FACTORY FARM, ETC.) WHILE NOT WHILE XX Piney Meeting House Rd., Potomac, road Autapsy XX 22a I certify that I took charge of the remains described above, held an and in my apinion Accident XX Hamicide Undetermined monner death resulted from: TITLE (SPECIFY) ACTUAL 5-25-81 DATE Assistant SIGNATURE EXAMINER'S NAME III Penn Street Ann M. Dixon, M.D. 29,198 Gate of Heaven Cem. 5 1 Spring County 230 BURIAL, CREMATION, REMOVAL 236 DATE MaryTand 24 FUNERAL DIRECTOR ROBERT A. Pumphrey Funeral NAME Homes, P.A., Rockville, Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 15M 2/80

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DÉCEASED NAME . DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED 6 AGE (IN YEARS SEX 4. RACE DATE OF BIRTH MONE A NUVA T VEAR IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 64 YRS DEAD Caucasian TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR QUINTY OF DEATH MARRIED KNEVER MARRIED FOREIGN COUNTRY) nited States WIDOWED [ DIVORCED Washington 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY Engineer NASA USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 1136 COUNTY 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e. STREET ADDRESS YES XX NO [ 6513 Lone Oak Drive Bethesda Maryland Montgomery 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Huff Allison Earl Hattie 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) 552-24-1894 Dorothea F. Huff Same as 13 No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b). APPROXIMATE INTERVAL Interction. Leute. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Earols21 IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF astular Disease Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21201 PRIOR 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Notural couses deoth resulted from: Homicide Undetermined monner TITLE (SPECIFY DATE SIGNED MAY ACTUAL SIGNATURE 7936 Old Georgetown Rd John G. Ball EXAMINER'S NAME Bethesda, Maryland (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATMay 15 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Metropolitan Crematory Cremation 1981 Alexandria . Virginia 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral 25e. DATE REC'D. BY REGISTRAR 156 **DHMH-17** Homes, P.A. Bethesda, Maryland 198 (VR A15 ME (5)) 15M 7/77

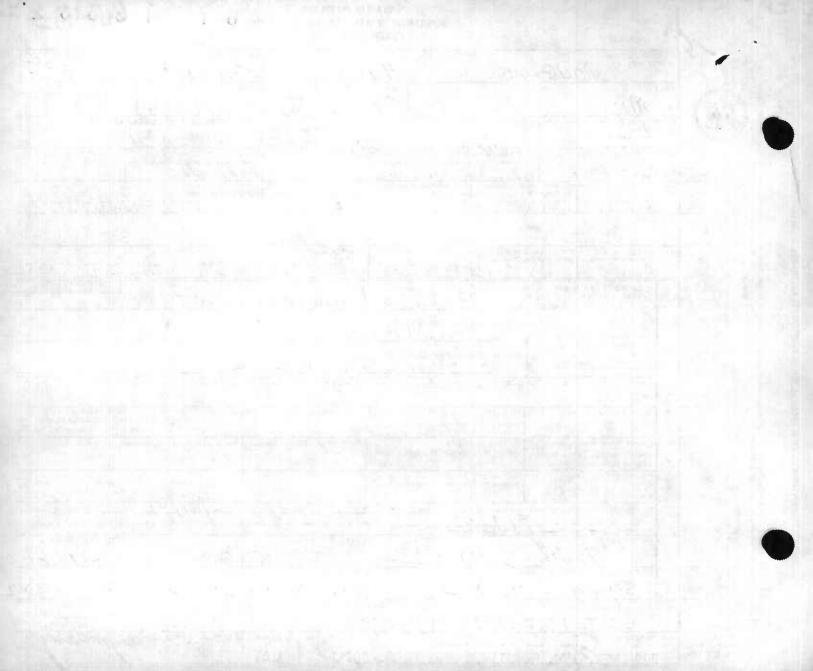
STATE OF MARYLAND

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		REGISTRAR	F FIRST	ME	MIDDLE		ERTIFICATE C		REG. NO.	AONTH DAY YEAR	To ware
	(17)	PE OR PRINT)		- CANAL -	mil Hul	se		DEATH	KNOWN A A	5/16/ 181	26. HOUR 2: 34/10
	3. SE	x male	4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHD	HTMOM (YA	DER 1 YR. IF UNDER	MIN. PRONOL	JNCED	5/16/ 1981	2 : 34Mn
CL MITTER	70 B	OREIGN COUNTRY)	TATE OR	76. CITIZEN OF W	HAT COUNTRY?	8	D NEVER MARR	ED L	_	OUNTY OF DEATH	
PAGE 3		ethesda		11. NAME OF HO	SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS!			12a. USUAL OCC	teomery UPATION (TYPE OF ORKING LIFE) Stal Mech	County WORK 12h KIND OF B OR INDUST	TRY
RETAIN RETAIN	13a. S		(IF IN NURSING HOME	OR OTHER INSTITUTION, G	131. CITY OR 19WN ROCKVILLE		13d. INSIDE CITY EIMITS? YES NO	13e. STREET ADDI			
LA EST		ATHER'S NAME Charles	C	lifford	Hulse	2 60	15. MOTHER'S MAIDE FIRST Ruth	NAME	MIDDLE rolyn	Altvi g	
B. GIVE PAGE WITH FORM PAGES 1 AN DIVISION OF	160.	WAS DECEASED YES, NO, OR UNKNO YES	, , , , , , , , , , , ,	MED FORCES? E WAR OR DATES) WII	218-20-16		Grace M.	Hulse	ADDRESS Same as	s item 13e	
UUD BE EXECUTED WITHIN "PENDING" IN PENCIL IN IEF MEDICAL EXAMINER A SED AS A BURIAL-TRANSIT HEALTH AND MENTAL HY CREMATION, OR REMOVAL	TION	lying cau	GNIFICANT CONDITIONS	(c)CONTRIBUTING TO DEATH	R AS A CONSEQUENCE O	NAL DISEASE		RT 1 (a).			
S S S S S S S S S S S S S S S S S S S	CERTIFICATION				TION FOR WHICH OPER					20. AUTOPSY YES	NOX(
		UNDERLYING CONTRIBUTIN	NG CAUSE OF	DEATH P.N	A. MONTH DAY YEAR	21c. HO	W INJURY OCCURRE	D (ENTER NATURE OF I	NJURY IN ITEM 18 PART	1 OR PART 2)	
RWARDED TO PAGE 3 SHO STATE DEPAR	MEDICAL	21d INJURY O WHILE AT WORK	NOT WHILE [		OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOC	ATION	CITY OR T	OWN	COUNTY	STATE
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTMORE, MARYLAND, 21;		22a I certif death resulte ACTUAL SIGNATURE		ge of the remains der ral causes D,	scribed abave, held an Accident , Sui	Autopsycide	Hamicide	Undetermined of	nanner,	my apinian  DATE SIGNED	16,1981
EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMOR	00.0	EXAMINER'S I	VT)	John G. B			DDRESS		etown Rd	Bethesda	, Md.
BP	. (	SPECIFY}	TOR TVSOI		Metropol			23d. LOCATION CITY OR TOWN Alexand REC'D. BY REGISTR		Virgin	ia
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executed within 24 haurs after death. Page 4 may be

	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 8	REG. NO		3 6	6 3
1	(TYPE	OR PRINT)	ZRI	EL I	M.	HUF	RWITZ		e OF DEATH	5 2	DAY YEAR	1230 A
)	3 SE	Male	4.	Cauca	sian	S. DATE C	DAY YEAR	6 AGE	(IN YEARS LAST BIRTH	YRS.	MONTHS DAYS	
97		RTHPLACE ISTATE OR FOR COUNTRY) RUSSIA	EIGN 76	USA	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	1	Monta	COUNTY	PETY	Cfy MD
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138	14. FA	ATHER'S NAME	-	nown	LAST		15. MOTHER'S MAIDEN I	knowr				AST
3 medicol		VAS DECEASED EVER IN YES NO OR UNKNOWN) (		ED FORCES? VAR OR DATES}	166 SOCIAL SECT		17 INFORMANT Eli Hurw	itz	4839 Bethe	Bra	ad <sub>D</sub> B <sub>2</sub> 8	88k <sub>6</sub> Dr.
atic event, the		18 CAUSE OF DEATH ( PART I, DEATH WAS	CAUSED	BY: CAUSE (a)	CONSEOU	pulmi	nary aries	+			BETWEE!	OXIMATE INTERVAL NONSET AND DEATH
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	NOI	PART 2 OTHER SIGNIF	ICANT CO	NDITIONS CC	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DIS	EASE OR COND	ITION GIV	VEN IN PART 1	lio
Auo smou	CERTIFICATION	19a. DATE OF OPERATIO	N	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a A		IN CERTIF	S, WERE FIND FYING CAUSE ES []	PINGS USED ES OF DEATH? NO
tem 18 s		21a. ACCIDENT WAS UNDER! OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	SE OF DEATH	216. TIME OF HOUR A.A	M. MONTH D	AY YEAR	21c HOW INJURY OCC	URRED (ENT	er nature of injury	IN ITEM 18	PART I OR PART 2)	
rked or 1	MEDICAL	21d INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK		21e. PLACE C	OF INJURY EET, FACTORY, OFFICE I	FARM, ETC }	21F LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
21 is mo		220.1 certify that (1) (the saw the deceased abave, (1) (we) (did	alive an	5	-20 19	81 , or	d that in (my) (aur) opinio	, to_	curred on the dat	e and hat		, that (1) (we) last ne causes stated
MPORTANT: If them 21 is morked or them 18 shows any		22b. SIGNATURE	LAA .	J. Si	nderson	am.	DEGREE ATTENDING PHYSICIAN	MEDIC	CAL STAFF		22c. DAT	SIGNED
MPORTA		22d. PHYSICIAN'S NAM THOMAS	G. S	SINDER	M. Moz	٥	11125 ROC	KUILLE	PIKE	Roc	CKUILLE	Md. 30850
	-	BURIAL, CREMATION, RE (SPECIFY) Burial		May 2		NAME OF C	ntefiöre C	em Fa				
10		uneral director earson's F	'uner	al Ho	me Fal	lls C	hurch VA	MAY 2	by REGISTRAR 2	5b. REGIST	TRAR'S SIGNA	ATURE

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 73 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

offending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN:

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FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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The second	1 -	FOR STATE REGISTRAR			DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENES I	1 3	5	6 6
		CEASED NAME OR PRINT)	FIRST		B.		NST .	20 DATE OF DEATH		YEAR	26 HOUR
11			mma		ь.	Jack		May 20, 19		THU.	2:15PM,
1	3 SE	Female		4 RACE Bla	ck	5 DATE C	ch 2, 1910	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
35		RTHPLACE (STATE OR FOR DUNTRY) Md.	EIGN	U.S	.A.	? 8 MARRIEI WIDOWE	NEVER MARRIED D	Montgomer			M
9		ty or town of deat Olney		Montgor	nery Gen	eral He	rother institution ospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Domestic		126 KIND O INDUSTRY	F BUSINESS OR
E	130 S	AL RESIDENCE (IF NURSIN	Mont on	OTHER INSTITUTION TY	Silver	Sprjng	134 INSIDE CITY LIMITS?	13. STREET ADORESS	k Hill	Road	
20	14. FA	THER'S NAME Geor	ge W.	Bond	ŁAST		15 MOTHER'S MAIDEN NA FIRST Jen	mie Campbel	1	LAS	Ť
7	16a V	AS DECEASED EVER IN		MED FORCES? WAR OR DATES)	16b SOCIAL SEC	URITY NO.	Janie Dorsey	(sister) s		#13	
2	CERTIFICATION	Conditions, if only, gove rise to imme couse [0], storing underlying cause  PART 2 OTHER SIGNI  19a. DATE OF OPERAT	the lost	(c)_ ONDITIONS <u>C</u> (	R AS A CONSEO CAPTER ON TRIBUTING TO DISTRIBUTING TO DISTRIBUT	DEATH BUT	of colo NOT RELATED TO THE TERM NOT RELATED TO THE TERM TO THE TERM NOT RELATED TO THE TERM TO THE TERM TO THE TERM NOT RELATED TO THE TERM TO THE T	INAL DISEASE OR CON	DITION GIVEN  O ' d  20b. IF YES, W IN CERTIFYIN  YES [	arthur VERE FINDIN	
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		22d. PHYSICIAN'S NAA	2 K	PRINT)	_	M	ATTENDING PHYSICIAN 222 ADDRESS	MEDICAL STA		5/2	19/01
1	73a F	Rudice URIAL, CREMATION, RI	2.T	VCra 1	1730	NAME OF C	4PZZ Mac	Arthur Blue	t. Was	hing to	4 D.CZO
	234. [	Burial	LMOVAL	5-26-8			ak Baptist Ce	m. Silver	Spring	J. Mon	tg. Md.
		INERAL DIRECTOR NAME Orge R. Sn	owder	246	N. Washi ville, M	naton	Street 2	RECO BY REGISTRAR	25b. REGISTRA	R'S SIGNATI	URE 1

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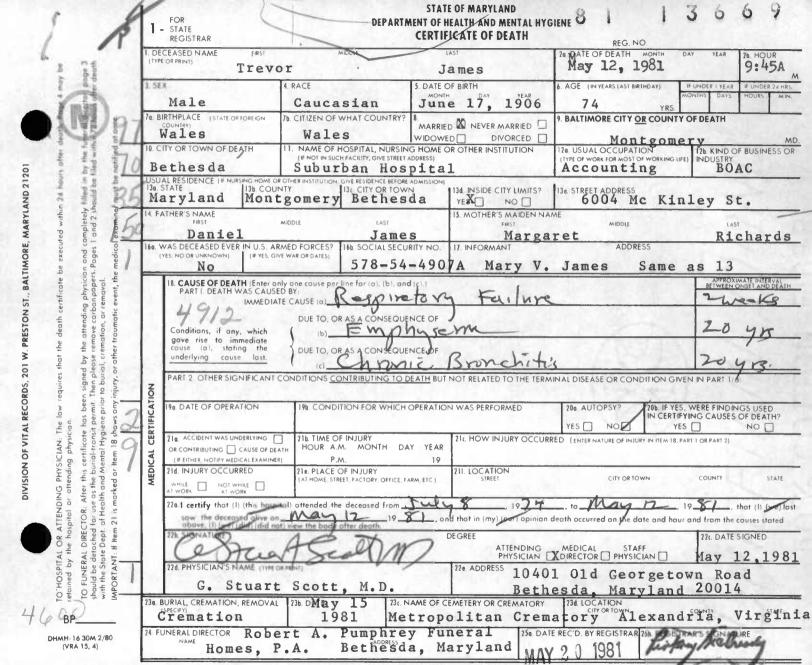
THE PROPERTY.

4	1.	FOR STATE REGISTRAR		DEPART	AENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	REG. NO.			6 7
547	1. DE	CEASED NAME FIRST		MIDDLE		\$T	2a DATE OF DEAT		Y YEAR	26. HOUR
og Person	(III)	GLADY	S	С.	JAC	KSON	May 2	0. 1981		10:30pm
OE P. S	3 SE		4 RACE	· · · · · · · · · · · · · · · · · · ·	5 DATE O		& AGE (IN YEARS LAS		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
9 9 9		Female	Bla	ck	May	18, 1908 YEAR	73	YRS.		HOURS MIN.
n 72 bo	7a Bi	RTHPLACE (STATE OR FOREIGN DUNTRY) Md.	7 CITIZEN OF	WHAT COUNTRY?	MARRIE D WIDOWE	NEVER MARRIED   DIVORCED	MONTGO	MERY	OF DEATH	MD.
by the further duth	10 C	Rockville	(IF NOT IN SU	HOSPITAL, NURSIN CHFACILITY, GIVE STREET 11 Muncas	ADDRESS)	ill Road	12a USUAL OCCU (TYPE OF WORK FOR MI		12b. KIND OI INDUSTRY	F BUSINESS OR
AND 212	USU.	AL RESIDENCE (IF NURSING NOME OF STATE Md. MONT	OTHER INSTITUTION		ADMISSION)	134 INSIDE CITY LIMITS?	134 STREET ADDRE	uncaster	Mill F	load
MARYL ed within impletely ond 2 sh	14 FA	THER'S NAME FIRST  James S	. Cole	LAST		15 MOTHER'S MAIDEN NA	a V. Gant		LAST	
BALTIMORE, MARYLAND 2120  The State of		VAS DECEASED EVER IN U.S. AR (IF YES, GMI NO	MED FORCES? EWAR OR DATES)	127-16-0		James R. Ja		sb <b>and) s</b> a		
201 W. PRESTON ST.,  The first the death certific ses that the death certific ned by the attending ph please remove carbon p urial, cremation, or remo urial, cremation, or remo urial, cremation, or remo urial, cremation, or only or only or other transmitted.	z	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA!  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT (	D BY TE CAUSE (0)  DUE TO, CO  DUE TO, CO  (c)  CONDITIONS C	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	MINAL DISEASE, OR C		19	
OUVISION OF VITAL RECORDS,  CANAGE AND THE low regy outending physicion.  She buriel-tronsit permit Then th and Mental Hygiene prior to buried or them 18 shows any injury orked or them 18 shows any injury.	CERTIFICATION	190 DATE OF OPERATION	196 COND	/		ferr with h	200 AUTOPSY? YES NO	206. IF YES, IN CERTIFY	WERE FINDIN	
OF VII		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A	OF INJURY .M. MONTH D. .M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18, PAR	T 1 OR PART 2)	
INISION  Operating of the burn on the burn when one the burn	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY O	R TOWN	COUNTY	STATE
ATTENDIA spitol or CTOR At- Ifor use a of Health		27a I certify that (I) (this hospi saw the deceased alive an above (I) ( <del>we) (did)</del> (did no	15 1	May 19	\$1 . an	d that in (my) <del>(our) o</del> pinian	death accurred on t	he date and hour	and from the	hat (I) <del>(we)</del> last causes stated
ITAL CAN Soy the hooy the hoo RAL DIRE. detoched stote Dept. NAT: If them		THE SIGNATURE	*	ilm ,	mD'	ATTENDING PHYSICIAN	MEDICAL DIRECTOR   PH	STAFF IYSICIAN []	21 / /	Nay 1981
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DHMH-16 20M		JNERAL DIRECTOR	246 N	Washing	ton Si		E REC'D BY REGIST	RAR 256. REGISTR	AR'S SIGNATI	JRE
(VRA 15, 4) 7/78 G	eor	ge R. Snowden	Rockv	ille, Md.	20850	)	48 7 9 130 i		-	

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, p. 7	1 DE	CEASED NAME HOW	ARD	MIDDLE	10	CKSON	2e. DATE OF DEATH	MONTH DAY	8 / 1	1:40 A
age 4 ma	3 SE	*Male	BLA	ACK	5 DATE C	23 191	6. AGE (IN YEARS LAST 0	RTHDAY) IF UN MONTH YRS.		NDER 24 HRS URS MIN
uneral di n 72 hau	1	IRTHPLACE (STATE OR FOREIGN OUNTRY) D. C.	U. S		WIDOWE		0 Mon	+ gam	ere	MD.
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te be exer an and co Pages 1.		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GP YES	RMED FORCES? VE WAR OR DATES!				503 Easte <sup>AP9</sup> P. Williams		er,	Md.
uires that the death certific ned by the attending physis lease temove carbon paper urial, cremation, or remove ury, or other traumatic eve	£.	Conditions, if any, which gave rise to immediate cause tal, stating the underlying cause last.	DUE TO	OR AS A CONSEQUE	VENCE OF JENCE OF	respustory	CT DAG	2	APPROXIMATE BETWEEN ONSET	AND DEATH
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HOSPITAL OF ATTENDING PRINGED by the hospital or attending FUNERAL DIRECTOR. After this find be detached for use as the burn in the State Dept. of Health and Month of the State Dept. of Health and Month of the State Dept.	MEDICAL	(PETHER, NOTIFY MEDICAL EXAMINET 21d INJURY OCCURRED  WHILE AT WORK  22a I certify that (I) this hosp saw the deceased give a above, (I) (we) (did) (did) 22b. SIGNATURE   MALON  22d. PHYSIGIAN'S NAME (TYPE:	21e PLAC (AT HOME, S	enter	#17	211 LOCATION STREET  19 8 d that in moleour) apin DEGREE ATTENDINI PHYSICIAN 220 ADDRESS 3	G MEDICAL ST DIRECTOR PHYS	date and hour and	that d from the caus	es stated
BP	n	BURIAL, CREMATION, REMOVA BURIAL	236 DATE 5 - 8 -	-81   <sup>23</sup> 6 F	NAME OF C		metery on townB			STATE
DHMH-16 25M (VRA 15, 4) 1/79		UNERAL DIRECTOR NAME OHN T. Rhines	Co	3030-12t	h-St.		DATE REC'D. BY REGISTRA AY 1 5 1981	R 75h. REGISTRAR'	SSIGNATURE	7





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		REGISTRAR ASED NAME FIRST		WIDDLE	CERTIFICATE C	JF DEATH	REG. NO.	DAY YEAR	26 HOU
	TYPE OR		ond	v.	Jenkins	3	MAY 29,	1981	2:13
	SEX Mal	le	4. RACE	100	5. DATE OF BIRTH	1905	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR	IF UNDER
47 1	BIRT	HPLACE (STATE OR FOREIGN		S.A.	MARRIED NEV		9 BALTIMORE CITY OR COU		
10	CITY	OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME OR OTHER	INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN		
0 / 13	G STA				ADMISSION)	DE CITY LIMITS?	13e SUREEL ADDRESS 1625 17th. Pl		Ten
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3 160		S DECEASED EVER IN U.S. A	ARMED FORCES? BIVE WAR OR DATES)	166. SOCIAL SECUI			ins (wIfe) As i	in Item 13	a
njury, ar ather traumatic	P	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  ART 2 OTHER SIGNIFICAN	(b)_ DUE TO, (c)_	OR AS A CONSEQUE	NCE OF	ATED TO THE TER/	MINAL DISEASE OR CONDITION	GIVEN IN PART I 10	1
5			196 CONE	DITION FOR WHICH	OPERATION WAS PE	RFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDING	GS USE
ni yna swor	19	DATE OF OPERATION					YES NOT IN CE	RTIFYING CAUSES (	
or Item 18 shows only	21	0, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING	PEATH HOUR A	.M. MONTH DA '.M. OFINJURY	19 211. LOC			YES 🗌	NO (
Item 18 shows only	21 21	ID. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF COMERN OF THE CONTRIBUTION COLLECTION  OF THE CONTRIBUTION COLLECTION  OF THE COLLECTION  OF THE COLLECTION COLLECTION  OF THE COLLE	PEATH HOUR A	.M. MONTH DA .M. OF INJURY IREEL FACTORY OFFICE FA Le deceased from	19 21I. LOC	ATION STREET  , 19	YES NOT	YES (18, PART 1 OR PART 2)  COUNTY	NO
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Joseph Syr-07-7056 Ida P. Jeriffer (vife) is in Item 132

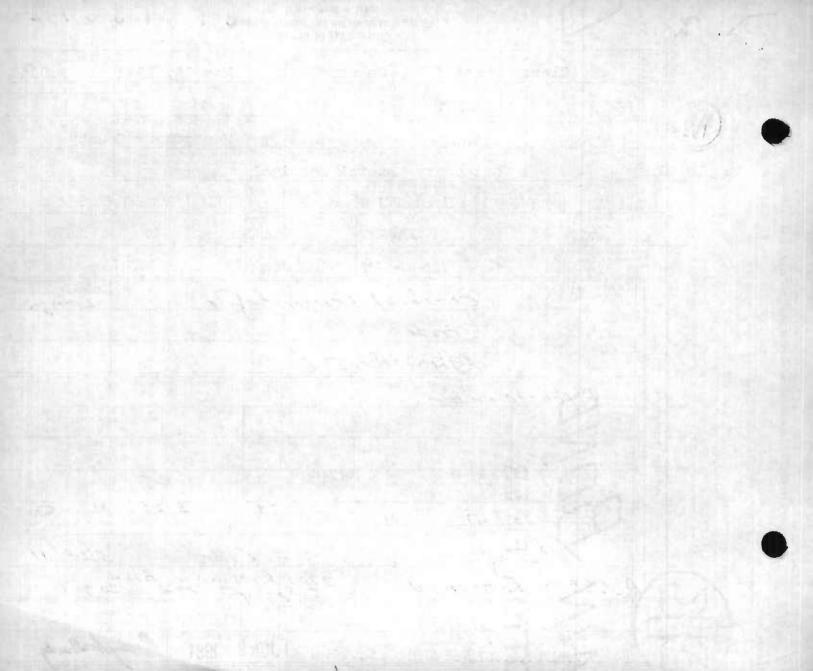
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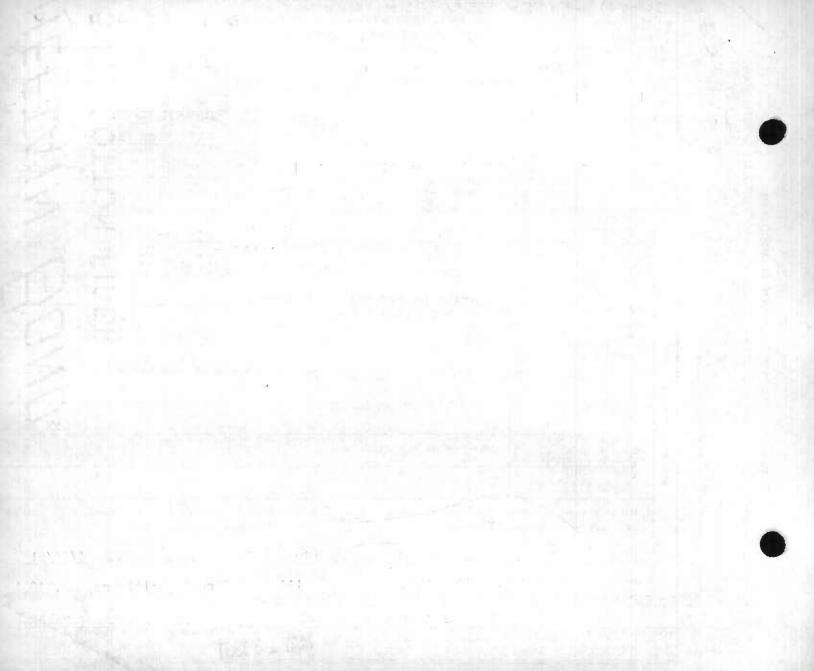
	N E		FOR		DEPARTME		OF MARYLAND ALTH AND MENTAL H	YGIEN 8	13	5 / 2
	OZ. N	1.	STATE REGISTRAR				CATE OF DEATH	REG. 1	١٥.	
			CEASED NAME FIRST		WIOOFE	LA	\$1	20 DATE OF DEATH		YEAR 26 HOUR
	by be oge 3 deoth		Clar	a Ma	ae	Johr	nson	May 28	1981	9:38a M
	4 mo	3. SE		4 RACE		5 DATE OF	OAY YEAR	6 AGE (IN YEARS LAST BI	RTHDAY) IF UNDER	DAYS HOURS MIN
	9000	7. 01	FEMALE RTHPLACE STATE OR FOREIGN	CAUCAS	WHAT COUNTRY?	0	5, 1890	90	YRS	
	是 大大 199		NEW YORK	U.S.			NEVER MARRIED	9 BALTIMORE CITY	nery Cou	
	e 912 4 9 / /	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSING		DIVORCED [	120 USUAL OCCUPA	ION 12b	KIND OF BUSINESS OR
10	S offer	ln	ey	Monte	gomery Ge	enera	al Hospita	HOUSEU		USTRY
212	hour d be d		AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE A	DMISSION	13d INSIDE CITY LIMITS?			
AND	fille hould	-		GOMERY	SILVER SP		13d INSIDE CITY LIMITS?		BASSETT LA	NE
AARYI	mpletel ond 2 s	14. FA	THER'S NAME JOSEPH	MIODLE A.	FRA		15 MOTHER'S MAIDEN!	NCES	L.	SMITH
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BALTIMOR	be ex		NO	L WAR ON DAILS)	220-54-	0447	WILBUR A.	JOHNSON SA	ME AS 13	HUSBAND
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DS, 21	quires signe hen pl to bury, a	Z	PART 2. OTHER SIGNIFICANT	6-	ONTRIBUTING TO DE	ATH BUT N	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	NDITION GIVEN IN P	ART 1(a
RECORDS	been mit T	CERTIFICATION	THE DATE OF OPERATION		ITION FOR WHICH O	PERATION	I WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED
AL RE	he lo on. hos it per	THE						YES NO	YES T	AUSES OF DEATH?
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NON	SIC cer cer irrio ent ther	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	) P.	.м.	19	21/ 10/ 17/01			
DIVISION	I o o - O	MED	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, FAR	M, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COU	NTY STATE
P	or offer or offer After the se os the colth ond morked		278.1 certify that this hosp	ital) attended th	ne deceased from		19.7	9 to 5	128 19.8	/, that (i) we) lost
- 13	TTEN Pitol TOR for u		sow the deceased alive on above (III.we) (did) (did no			, one	that in (my) (our) opini	on death occurred on the	date and hour and fr	
	OR A DIRECTOR OF THE CHECK CHE		27b. SIGNATURE	11		D	EGREE			DATE SIGNED
	PITAL C by the ERAL D se detoc Stote D ANT: If		1014	2/20			ATTENDING PHYSICIAN		CIAN .	128/81
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201	OT OT WAY	230 E	SURIAL, CREMATION, REMOVAL				METERY OR CREMATOR	23d. LOCATION		
	BP		BURIAL			RESURT	RECTION	CLINTON	PRI GEC	
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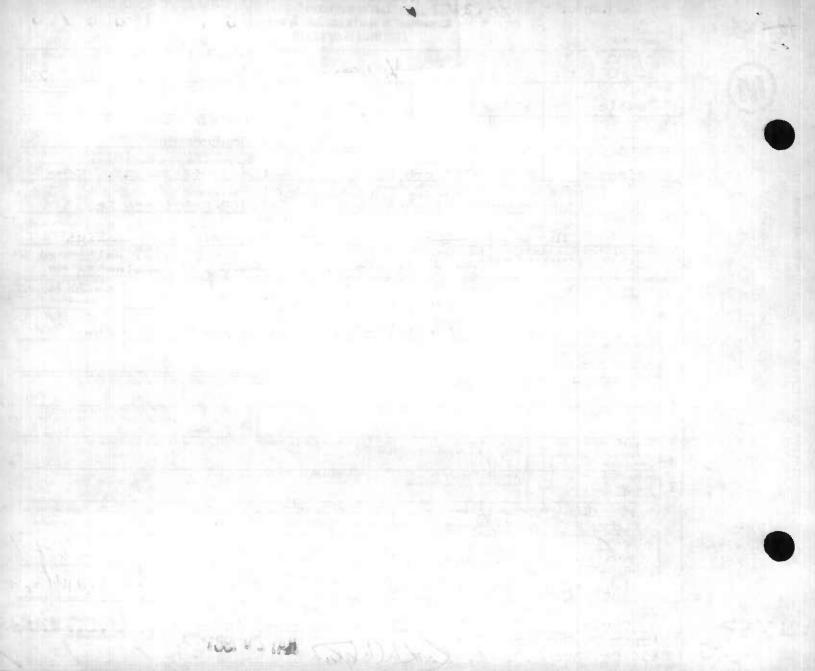
1 1	Items #18a-22a Film G555 5/26/81 STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE   1 3 6  1- STATE	7 6
Way 25 F	REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.  1. DECEASED NAME (TYPE OR PRINT)  Yetevear Turner Jones  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.  20. DATE KNOWN (X) MONTH DAY OF ESTI- DEATH MATED (1) 4 24	10.110011
RY, PLEASE DIRECTOR DOUR FILES ON STREET	3. SEX   4. RACE   5. DATE OF BIRTH   6. AGE (IN YEARS   IF UNDER 1 YR.   IF UNDER 24 HRS.   2c. DATE   MONTH DAY   NOV. 13, 1952   28 YRS.   MONTH'S DAYS HOURS MIN: PRONOUNCED DEAD 4 24	Y YEAR 2d HOUR
NEGES AND A STORY OF THE STORY	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Washington,DC  United States  WIDOWED DIVORCED MONTGOMERY COUNTY  Montgomery County  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL NURSING HOME. OR OTHER INSTITUTION  126. USUAL OCCUPATION (TYPE OF WORK 1/26).	MD.
DELAY S 3 TO THE IN PAGE 805. 201	Takoma Park  Washington Adventist Hospital  For Most of Working Life)  DO  USUAL RESIDENCE (IF IN NURSING-HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	CIND OF BUSINESS OR INDUSTRY OMESTIC
AD. 21201 2. AND 3. RETAIN 3. RETAIN A. RECORD	136. STATE Maryland P.G.    136. CITY OR TOWN Hyvattsville   136. INSIDE (ITY LIMITS?   136. STREET ADDRESS	nts Drive
BALTIMORE, N S. AFTER DEATH GIVE PAGES 1 TITH FORM PIN PAGES 1 AND IVISION OF AUT	FIRST  James  Turner, Jr.  Gertrude  Rutledge  166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) [ (IF YES, GIVE WAR OR DATES) ]  167 STOYM Chillum HgtSDRDT. Hyva	attsville
9 2 0	No   n/a   Jerome Jones (husband)   Maj	ryland  APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO RITING THE WORD "PENDING" IN PENCIL IN ITEM I RDED TO THE CHIEF MEDICAL EXAMINER ALONG RES SHOULD BE USED AS A BURIAL. TRANSIT PERMI TO PRIOR TO BURIAL, CREMATION, OR REMOVAL.	IMMEDIATE CAUSE (a) Acute intravenous narcotism  Oue To, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse (a) stating the under.  Due TO, OR AS A CONSEQUENCE OF	-633
RECORDS, 201 1 D BE EXECUTED ENDING" IN P MEDICAL EXA, ASA BURIAL- EATH AND ME CREMATION,	PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
F VITAL RE E SHOULD WORD "PEIF M E C CHIEF M ENT OF HEA	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20.  216. EXTERNAL CAUSE WAS  216. TIME OF INJURY HOLIR AM MONTH DAY YEAR HOLIR AM MONTH DAY YEAR	AUTOPSY? YES XX NO
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR WARDED TO THE WORD." PENDICAL EXAMINER ALONG VERGES AND TO THE CHIEF MEDICAL EXAMINER ALONG VERGES AND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE (2), 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	UNDERLYING OR CONTRIBUTING OR COUSE OF DEATH  P.M.  19  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK  AT WORK  WORL  HOUR A.M. MONTH DAY YEAR  19  21f. LOCATION  STREET. FACTORY, FARM, ETC.)  STREET. CITY OR TOWN  COUNTY	STATE
ECERTIFICAT DUID BE FOI T DIRECTOR H WITH THE MARYLAND	22a. I certify that I too charge of the remains described as the idean Aurospy X Inspection . Inquiry . and in my opinion death resulted from Natival passes. Acciden . Acciden . Homicide . Undetermined manner .  ACTUAL SIGNATURE . DATE SIGNATURE . SIGNED	4/26/81
TO MEDICAL I EXECUTE THE PAGE 4 SHOW TO FUNERAL SHEEN DEATH	EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn Street, Baltimore,	MD.21201
BP	236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY PARK 234 LOCATION COUNTY BURIAL May 2,1981 Harmony Memorial Landover, P.G.Co.M. 24 FUNERAL DIRECTOR LATNEY'S Funeral Home	aryland
DHMH - 17 (VR A15 ME (5))	3831 Georgia Ave. NW, Washington, DC MAY 1 3 1981	

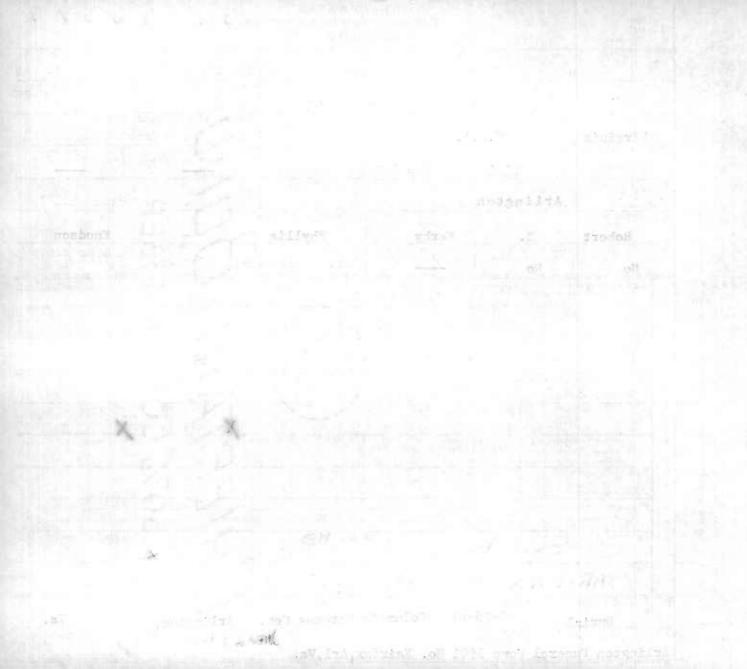


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OR RE	gave ri cause (a	se to immediate stating the <u>under-</u>	(b) Seco	ndaı	cy Cr	onic	Муос	ardia	al Di	seas	e	gley Parentinate Medicate		
	PART 2 OTHER SI		(c)	OT RELATEO	TO THE TERMINA	L OISEASE OR C	ONOITION GIV	/EN IN PART 1 : a						
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pletaly 1 12 shoul	6	14. FA	THER'S NAME	MIDDLE		rker	15 MOTHER'S MA	IDEN NAME	MIDDLE			AST						
a execution of any table	10						August 17 INFORMANT Frank F		Garlar ADDR	.08Ess		kin imore						
requires that the death signed by the attendit on please terriore carb or burist, crimination, or injury, or other traus		z	Canditions, if any, which gave rise to immediate cause (a), stating The underlying couse lost.  PART 2 OTHER SIGNIFICAN	(c)	OR AS A CONSEQUE	JENCE OF	ttc	Con THE TERMIN	AL DISEASE OR CON	IDITION GI	VEN IN PART	norths.						
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SHOSPITAL OF ATTENG sited by the hospital or at FUNERAL DIRECTOR. The State Detr. of Health PORTANT: If here 21 in a	1		220 1 certify that (1) this has saw the deceased alve aboys (1) (we) (did) (did) 171. SIX.N.A.T. UP.	not view the bo			that in ((V) (our)	NDING	oth occurred on the comments of the comments o	late and ho		that (1) (we) lose causes stated  (E SIGNED  LE F						
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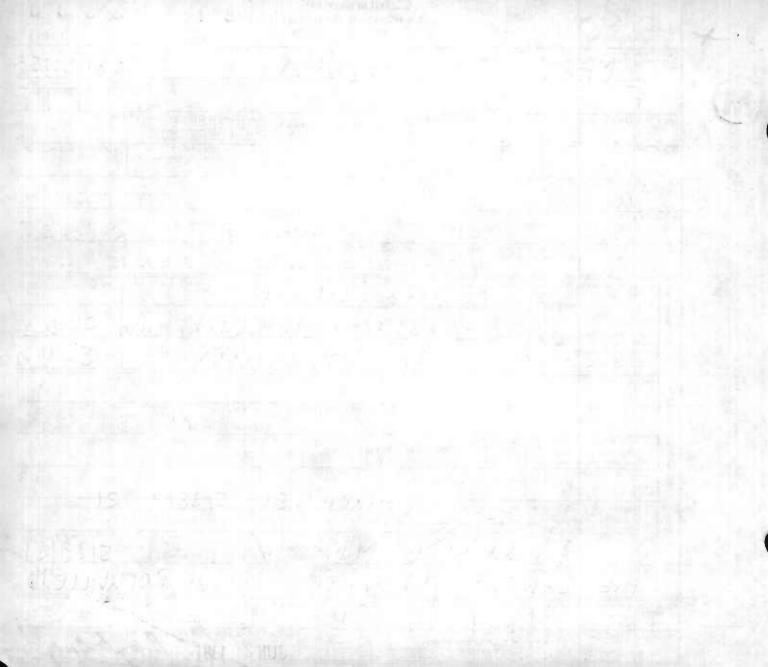




500 UNIV.BLVD. W. SILVER SPRING, MD. 20901

(VRA 15, 4) 1/79

STATE OF MARYLAND



Silver Spring, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h HOUR

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IF UNDER 24 HRS

201 W. PRESTON DIVISION OF VITAL RECORDS,

(VRA 15, 4)

Chambers Funeral Home

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PHYSICIAN: TI ng physician. this certificate he urial-transit pen Mental Hygiene d or Item 18 sho	CBRT	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH D		71c HOW INJURY OCCUR	RED GENTER NATURE OF INJURY IN YEAR I	YES NO
ENDING PHYSICIAN: The law rec r attending physician.  18: After this certificate has been sit e as the burial-transit permit. Then ealth and Mental Hygiene prior to lis is marked or Item 18 shows any in	MEDICAL	(# EITHER, NOTIFY MEDICAL EXAMINER  21d, INJURY OCCURRED  WHILE AT WORK  AT WORK	21R PLACE	M. OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	CITY ON TOWN	COUNTY STATE
ATTEN oital or a ECTOR for use of Hea		22a I certify that (I) (this hasp sow the deceased alive or above, (I) (well [did]) (indi-		11/ G5			deoth occurred on the date and h	1
0 70		226. SIGNATURE	2/10	5	3	ATTENDING PHYSICIAN	MEDICAL STAFF	In DATESIGNED
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BP_	L	Cremation UNERAL DIRECTOR Bea	5/20	/81   Ft	. Li	ncoln Cem.	Brentwood,	, Mary land
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P. G. Suno Mariong an Hac Inc Sowie, Maryland Myung M. Goodsell, 12615 Safety Turn Gremation 5/20/81 Ft. Lincoln Cem. Brentwoor, Maryland Beall Funeral Home , 16000 Annapolis c., Sowie, Mc.

1 22 11 22 pm The can · AREOT Miver Spring | Poly Dress Tourier " silivioo yvenonino | basiyan enut shire land land breined yran ACTUS Plower Palaby Dr. nongalitate nundum - Rose to accept - - - -· H · GELLINASO CONTRACT CARREST OF A STATE OF THE STATE OF SCALER MADDICAL DANS HITAS SIABLA SCHOOL RIN ADOLES . Mine? - Jenieno Lavotayel States Develot boo [c-1-] Tyron wheeler thegal tome, the. 1331 Tooler 11 of Fire Works 1234, pd. 1208

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cen sign the Then to to by ny injury	CATION	PART 2. OTHER SIGNIFICANT C	15-2				20b. IF YES, WERE FIND	INGS USED
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NG PHYSICIAN: The attending physician ther this certificate has the burial-transit in and Mental Hygies arked or item 18 shounds.		OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. MONTE	H DAY YEAR	LOCATION			STATE
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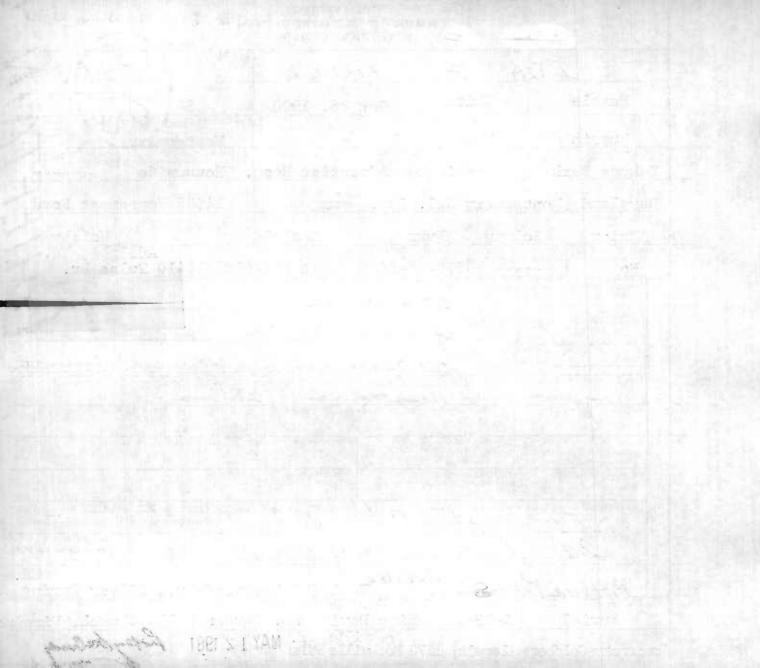
Danzansky-Goldberg Chapels; 1170 Rockville Pike

FOR

(VRA 15, 4)

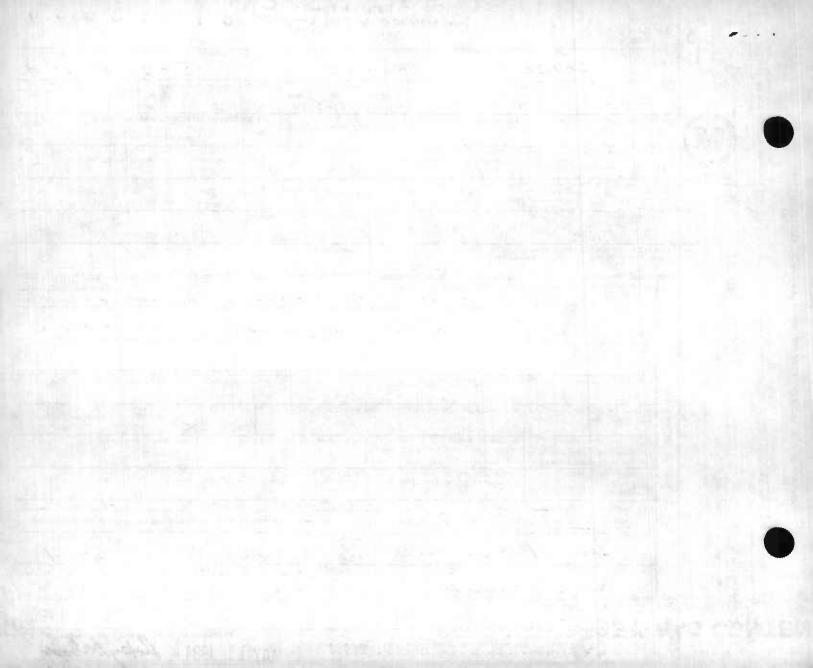
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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	SSE ES. ES. ET,	1. DE	CEASED NAME FIRST	ter	Richard	Koch	26. DATE KNOWN NO M	5- 20 19 81 1 3 A
	S NECESSARY PLEASE E FUNERAL DIRECTOR. E S FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET.		1e Caucas	S DATE OF BIRTH MONTH DAY  ian April  7b. CITIZEN OF W	25,1954 27RS.	MONTHS DAYS HOURS	PRONOUNCED DEAD	24 20 19 81 15 M
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BALTIMORE, MD.	PAGES 1, CORM PM 2 3 1 AND 2	R	obert  /AS DECEASED EVER IN U.S.	MIDDLE	Koch	Evelyn	ADDRESS	Vorbach
ALTIMO	S AFTER GIVE PA ITH FOI PAGES 1	(YE	S, NO, OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	114-48-1944		Koch-Father	Expense 113
301 W. PRESTON ST.,	UUID BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IN "PENDING". IN PENCIL IN 1TEM. 18. GIVE PAGES 1, 2, IEF MEDICAL EXAMINER ALONG WITH FORM PM. 31. GED AS A BURIAL: RENSIT PERMIT. PAGES 1 AND 2. S. HEALTH AND MENTAL HYGENE, DIVISION OF VITAL CREMATION, OR REMOVAL.	7	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU IMMED Canditions, if ony, whi gave rise to immedia cause (a) stating the und lying cause lost.  PART 2 DTHER SIGNIFICANT CONDITION	SED BY:  IATE CAUSE (a)  Ch one Ch on	RAS A CONSEQUENCE OF RAS A CONSEQUENCE OF Truma A	Heannadeir of Brai oto Acci Co DISEASE OR CONDITION GIVEN IN	n lent	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VIT	TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD PEGE 4 SHOULD BE FORWARDED TO THE CHIPPERAL DIRECTOR: PAGE 3 SHOULD BE USER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 24201 PROR TO BURIAL,	MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTION COURRED WHILE AT WORK	P.A. 21e PLACE STREET, FAC	1. May 19 1981	Passinger Off. LOCATION STREET 270 1 Demo	recy - Betheoda	COUNTY STATE
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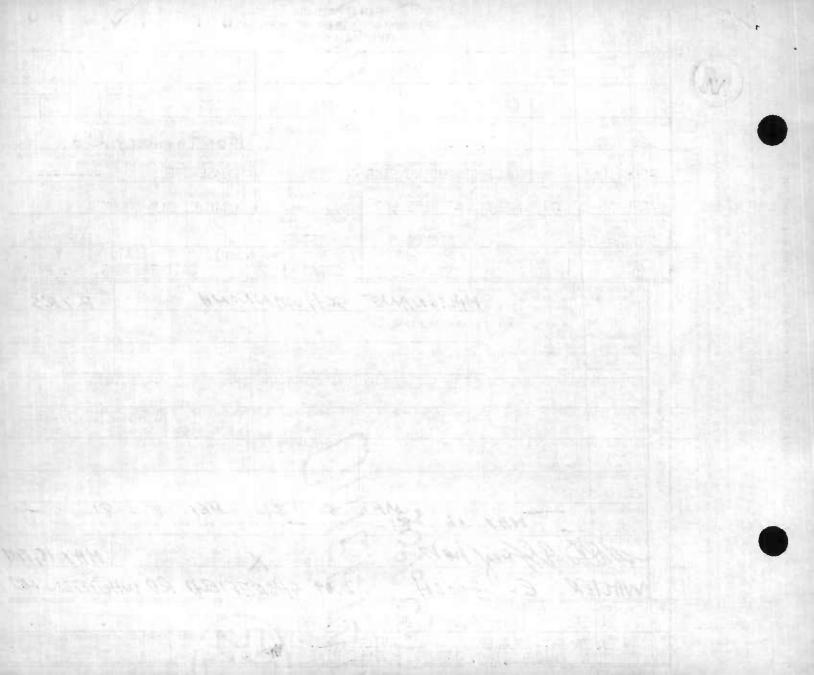


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CHAPELS, INC.

STATE OF MARYLAND



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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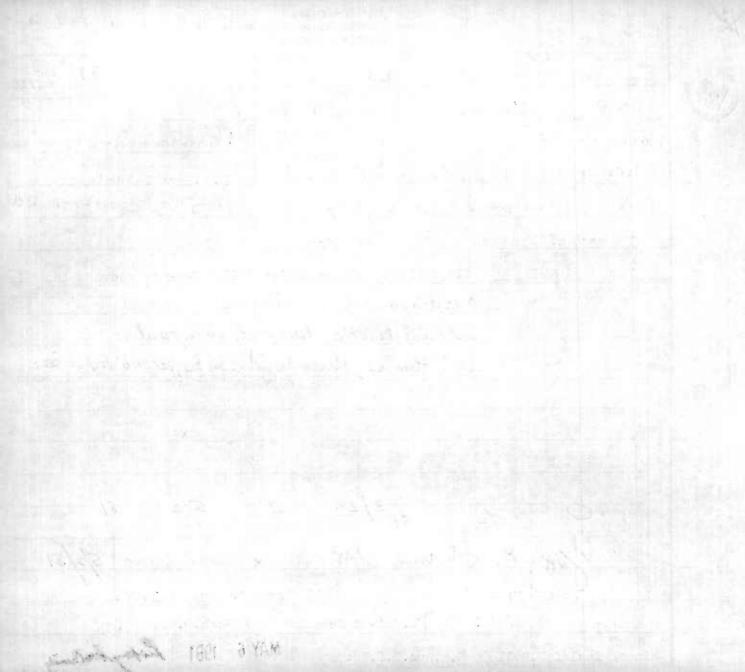
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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Bethesda, Maryland

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0	Soft filed	-	Dilver Sp. Md. Holy Cross Hospital Retired Driver
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	F 0 0 0 0		tow the deceased alive on 19 X , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated
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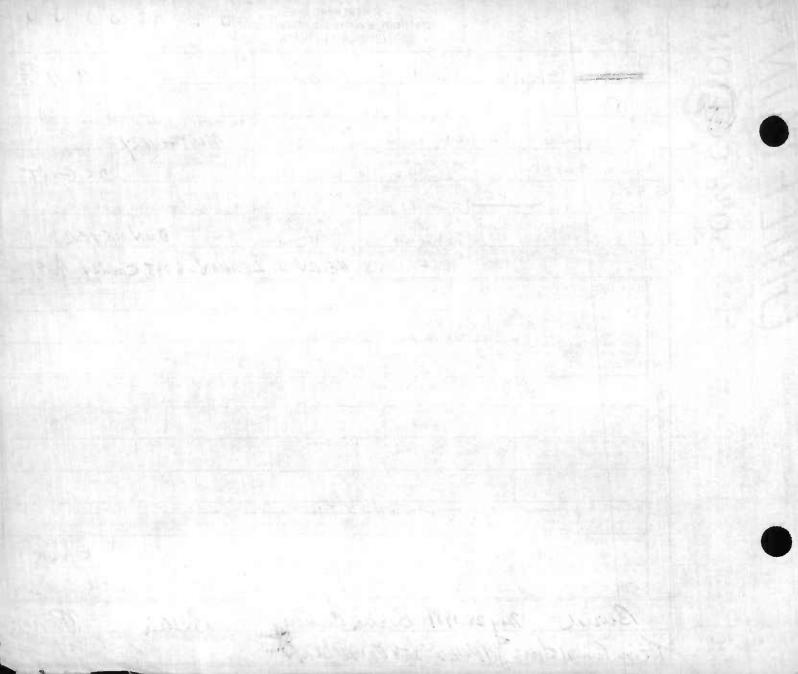
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24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral

Bethesda, Maryland

Homes, P.A.

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FOR

REGISTRAR

DECEASED NAME

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DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

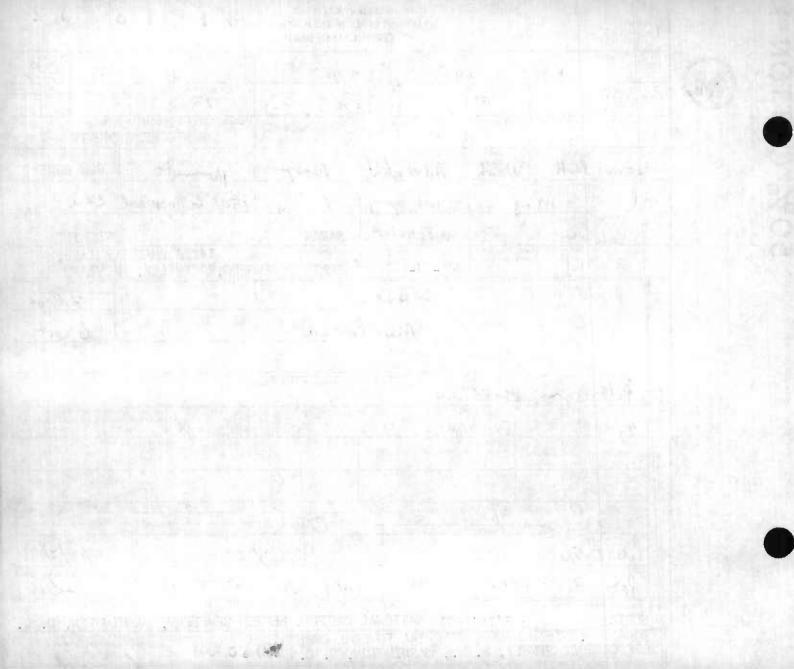
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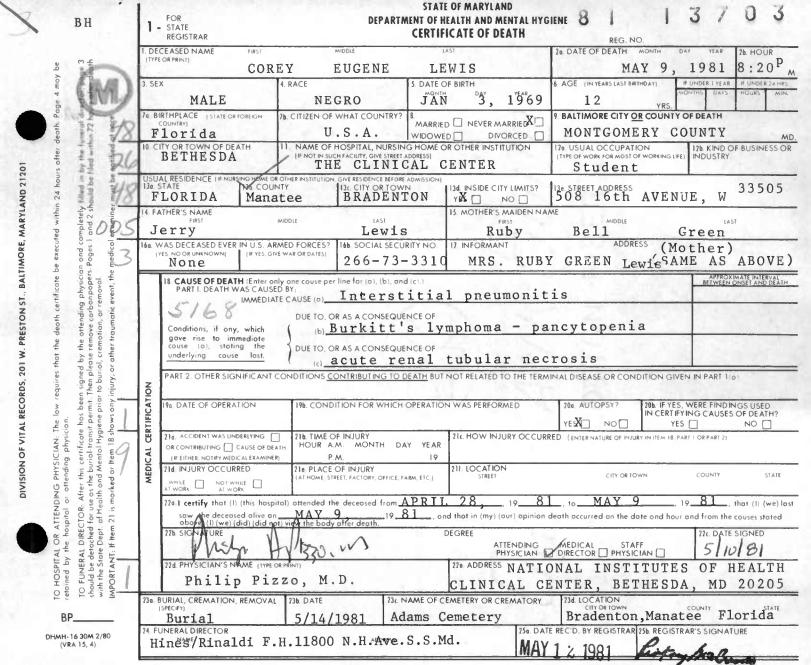
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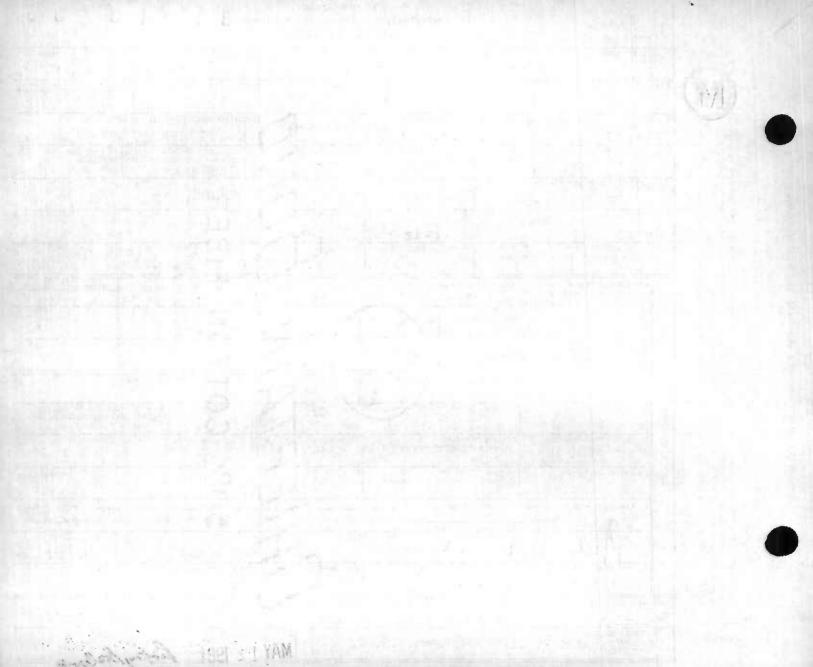
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Robert A. Pumphres Tuneral Nomes, R.J. Betrenia, Marviand

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Page 4 ms		EMALE  RTHPLACE   STATE OR FOREIGN	WHITE  76 CITIZEN OF WHAT COUNT	DECEMBER 3, 1902	6. AGE (IN YEARS LAST BIRTHDAY) 78 YRS	
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RESTON e death c e attendin mave cart rounanic		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSE	Myeloma		6 yrs
201 W. F		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE			
ORDS, require een sign it. Then ior to bu by injury	VIION	Pathologic	fractures	TO DEATH BUT NOT RELATED TO THE TER/		
TAL REC	CERTIFICATION	428	Fx hipe		YES NO IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
ON OF VI	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 11	8. PART ( OR PART 2)
DIVISION OF ING PHYSICIA After this centifo os the buriol-tilth and Mental inh and Mental on term	MEC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME-STREET FACTORY, OFF		CITY OR TOWN	COUNTY STATE
ATTEND Saputol o SCTOR A for use t. of Heo			16/12	9 , and that in my (our) opinion	death occurred on the date and h	
TAL OR by the his the his total DIRI detache detache tote Dep		Peterb Sherer	mo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	274. DATE SIGNED 5/13/8/
O HOSPITAL etained by 1 TO FUNERAL should be de with the Stot		Peter B. Sh	erer m	1109 7011	st. # 610 5	51/rex 5 pring md 20110
140 BP	-(	URIAL, CREMATION, REMOVAL	5/15/1981	BL NAME OF CEMETERY OR CREMATORY NATIONAL CAPITOL HEB	REW CEMETERY, WA	SHINGTON. D. C.
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FU	DONALDOMR STEIN 232 CARROLL STR	HEBREW MEMORI REET, N. W., WA	AI FLINERAL HOME 250 DA	TE REC'D. BY REGISTRAR 25b. REGI	







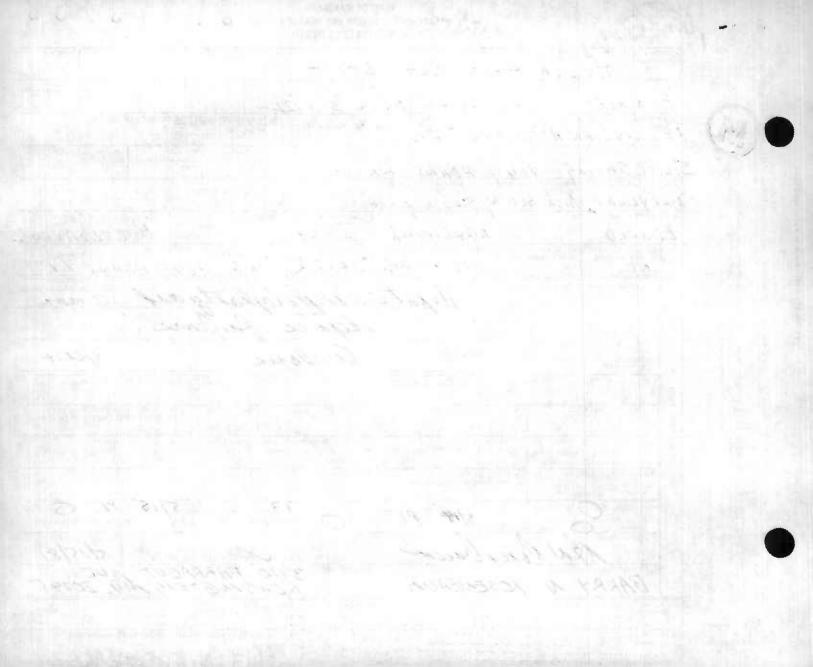
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1. DECEASE (TYPE OR PRE	AI)	neth	D.		Leyshon		20. DATE KNOWN OF ESTI- DEATH MATED		DAY YEAR 23 1981	2b HOUR
3. SEX male	4. RACE white	S. DATE OF BIRTH	6. AC	GE (IN YEARS IF U ST BIRTHDAY) MON 24YRS.	NDER 1 YR. IF		2c. DATE PRONOUNCED DEAD	HTMOM	DAY YEAR 23 1981	26. HOUR
7 01071101	ACE (STATE OR OUNTRY) MARY LAND	76. CITIZEN OF WH	AT COUNTRY?	8 MARI		R MARRIED XX	9. BALTIMORE CIT	_	OF DEATH	a.m.
Takon	na Park	II. NAME OF HOSI (IF NOT IN SUCH FACE Washing to	n Adver	ntist Ho	HER INSTITUTIONS	MAII	UAL OCCUPATION MOST OF WORKING LIFE)	ENGINEE	26 KIND OF BU OR INDUST	SINESS
MARY		DR OTHER INSTITUTION, GIV ITY GEO	RESIDENCE BEFORE			LIMITS?   13e. STR	SAOP R			
	MES	MIDDLE C.		SHON	FIRST	SHIRLEY	MIDDLE A.	B1	ROWNFIE	
160 WAS DE	CEASED EVER IN U.S. ARI	MED FORCES? WAR OR DATES)	212-6	68-4527	JAMES	FATHER C. LEY:			1 JULEP ER SPRI	
PART 2	pove rise to immediate ause (a) stating the <u>under-</u> ying cause last.  DTHER SIGNIFICANT CONDITIONS  ATE OF OPERATION	DUE TO, OR (c)CONTRIBUTING TO DEATH I							20 AUTOPSY	
TIFIC	XTERNAL CAUSE WAS	21b TIME OF	INJURY	121c F			NATURE OF INJURY IN ITEM	vi 18 part 1 or part	YES X	
CON	RLYING OR FRIBUTING CAUSE OF I NJURY OCCURRED E NOT WHILE ORK AT WORK	DEATH P.M.	MONTH DAY FINJURY (AT DRY, FARM, ETC.)	19	OCATION STREET		CITY OR TOWN	COUP	NTY	STATE
deo ACTU	I certify that I took charge th resulted fram:	ge of the remoins described to the causes X,	Accident	Suicide	psy XX, I Hamicide TITLE (SPE M.D. Assis	CIFY)	Inquiry	ond in my apii , DATE SIGNED	5/3	24/81
(TYPE	OR PRINT) HO	rmez R. Gu		OF CEMETERY			reet Balt	o MD 2		
(SPEC#Y)	BURIAL	5/27/81	PAR	KLAWN CE	EMETERY	R	OCATION ORTOWN OCKVILLE	MONT		WD.
NOWE.	UNIV BLVD. U	ADDKE 33		MD. 2090		MAY 2	registrar 79 F	hoppy	See A	5

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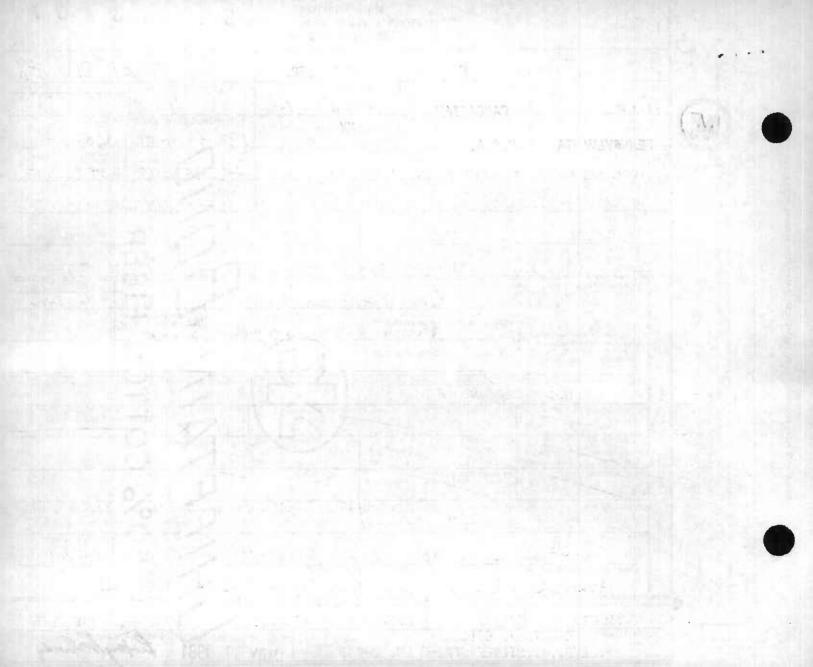
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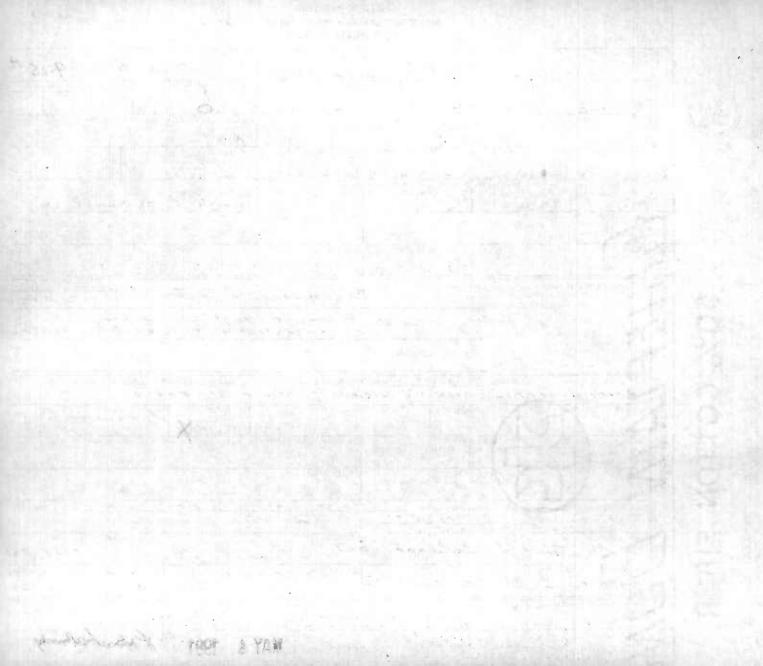
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1		ASED NAME FIRST	MIDDLE .		AST	REG. N		26 HOUR
nay be page 3 death		HELEN			LONG	MAY 15.	1981	4:00Am
ge 4 ma Lor, pa fter o	J. SEX	MALE	CAUCASII	S. DATE (		6. AGE (IN YEARS LAST BIR	THDAY)  IF UNDER 1 YE.  MONTHS DAY  YRS.	
	7e BIRT	HPLACE (STATE OR FOREIGN		INTRY? 8	NEVER MARRIED		OR COUNTY OF DEATH	
ter de	10 CITY	ORTOWN OF DEATH			D DIVORCED D	MONTG	ION 126 KIND	MD. OF BUSINESS OR
hours at filed with filed with		er Spring	4049 ADA	MIS WI	Rive	HOUSEWIFE		RY
filled Jid be	130 ST	RESIDENCE IN NURSING HOME OF ATE 13h COUN MON ON A	U3c CITY C		134. INSIDE CITY LIMITS?	13R STREET ADDRESS	AMS DRIVE	
d wit	EZ	MER'S NAME FIRST  NUARD	ADDIE / 12 1	Tovich	15 MOTHER'S MAIDEN NA DORA			LOVICH
te be executed and and complements. Pages 1 and 1.1, the medical		AS DECEASED EVER IN U.S. ARA	WAR OR DATES! 196	4239L	17 INFORMANT	HUSBAND ADDR		s De
equires that the death	-	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last	DUE TO, OR AS A COL  (b)  DUE TO, OR AS A COL  (c)  ONDITIONS CONTRIBUTION	NSEOUENCE OF	Cerrhoxi	failess ex	/	less.
1: The law r. te has been been permit. The lene prior to shows any	CERTIFICATION	DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINING CAUS	DINGS USED SES OF DEATH?
SICIAN ysician ertifica transit tal Hyg		OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21¢ HOW INJURY OCCUR			
ENDING PHY or attending phy or attending phy attending phy attending phy attending the burial-lealth and Men is marked or is	M	14. INJURY OCCURRED  WHILE NOT WHILE TWORK AT WORK	21e PLACE OF INJURY 1 AT HOME, STREET, FACTORY		211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
or ar or ar OR: Use as Heall E1 is	2	20 I certify that (I) this hospit sow the deceased alive on above, (I) (we (did) (did not	5/4	10 8/	nd that ((my) (our) opinion	deoth occurred on the d	5/15/19 8/	_, that (b) (we) lost the causes stated
DIRE Ched f Dept.	7	26 SIGNATURE SUL	Courban		DEGREE ATTENDING PHYSICIAN [	MEDICAL STA	FF _	TE SIGNED
TO HOSPITA retained by th TO FUNERAL Should be deta with the State MPORTANT		BARRY N.	ROSEVBA	aun	22R ADDRESS 372	O FARRA	GOT AU	20795
5 BP	23e BU (SP	RIAL, CREMATION, REMOVAL BURIAL	23h. DATE 5/18/81		EMETERY OR CREMATORY LE CEMETERY			WEST <sup>ST</sup> VIRG
DHMH-16 25M		NERAL DIRECTOR FRAN	ICIS J. COLLI		6.0	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	IATURE

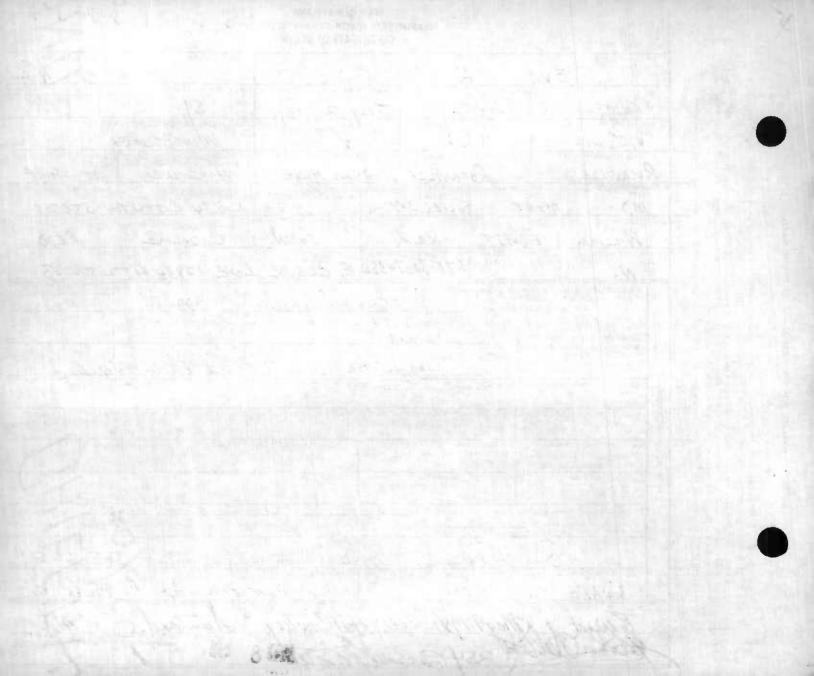


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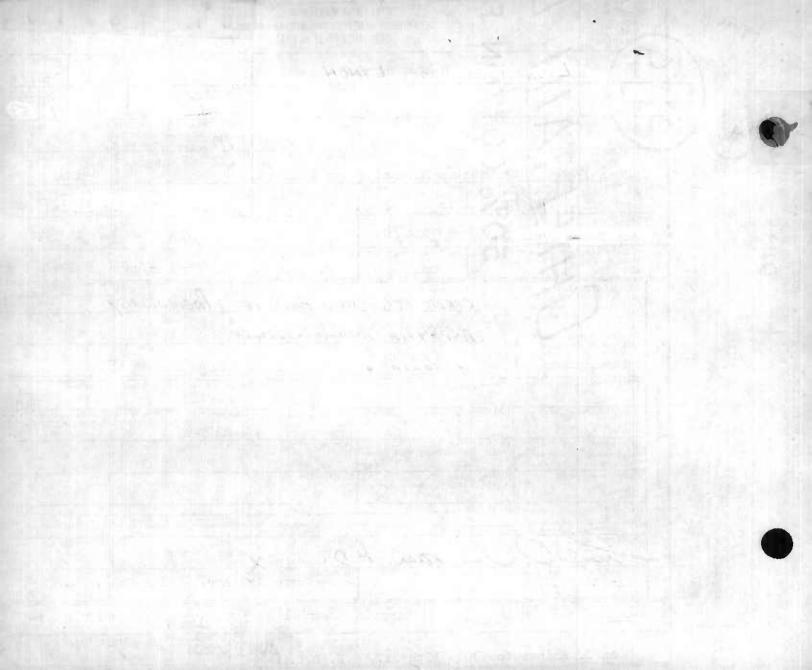


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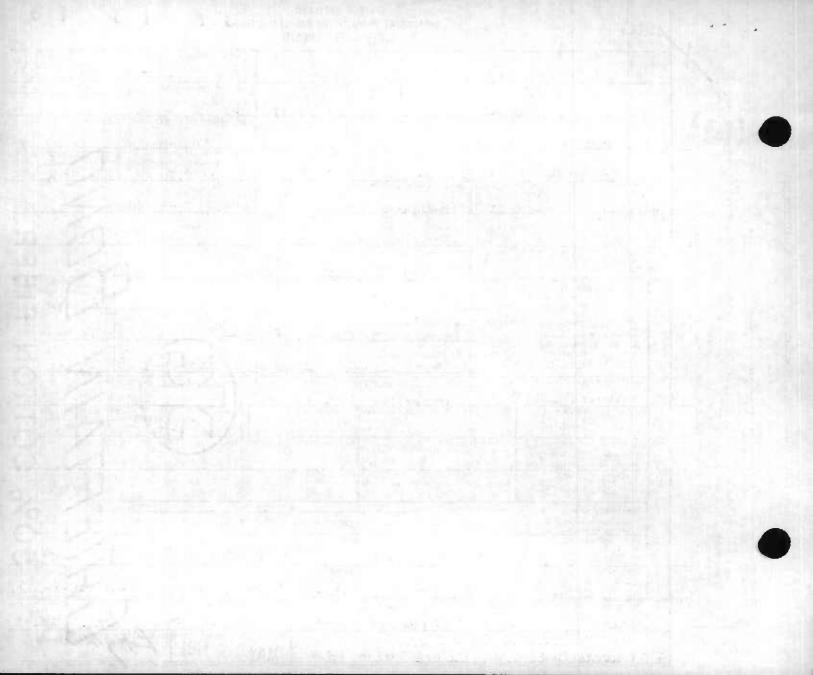


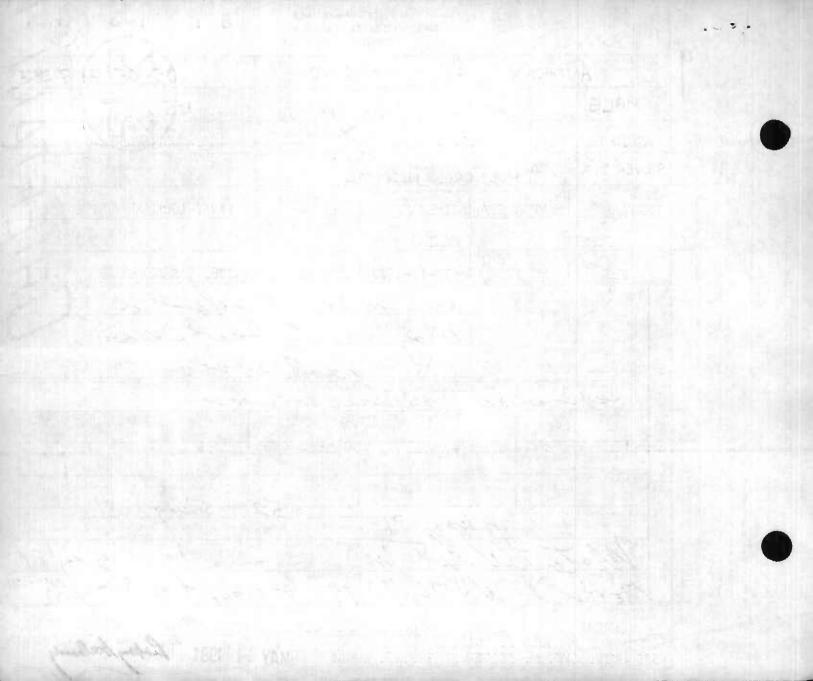
0	1.	FOR • STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE & REG. NO.	13/10
		LASED NAME STRIST	MIDDLE	LAST	20. DATE OF DEATH	ONTH DAY YEAR 26 HOUR
	1	Shan	YON MICHAEL	LYNCH	5	26 81 3:35P M
	3, 563	(	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	
		Male	Black	5 26 81		YRS MONTHS DAYS HOURS 35
5		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED K	9 BALTIMORE CITY OR	
:35		Md	USA	WIDOWED DIVORCED	Mant	a amery MD
301	16.00	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	
8/1		Takoma PARK	Washington Adve		None	None
BS	Tla S	Md 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 136. CITY OR TOW	N 13d INSIDE CITY LIMITS?	1628 Un	iversity Blod.
10	K	Andreis de la Contraction de l	MIDDLE LYNC	h DeLORIS	MIDDLE	
17	1.0	ES, NO OR UNKNOWN)   (IF YES, GI	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRES	
<u></u>	_	No	None	KIM D. LYI	vch /latile	er/same as 13e
ene prior to buridi, crient	CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  III. DATE OF OPERATION	OUE TO, OR AS A CONSEQUE  (c) HYPOKI  CONDITIONS CONTRIBUTING TO I		INAL DISEASE OR CONDI	TION GIVEN IN PART I (a.)  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \begin{array}{c} \text{NO} \end{array} \\ \text{NO} \( \end{array} \)
8 A	CERT	210. ACCIDENT WAS UNDERLYING		21¢ HOW INJURY OCCURR		
19	4	OR CONTRIBUTING CAUSE OF DE		AY YEAR		
1	MEDIC	TIE NJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, F	211. LOCATION	CITY OR TOWN	N COUNTY STATE
		228.1 certify that (I) (this hasp saw the deceased alive as	ital) attended the deceased from	, and that in (my) (aur) apinian a	, ta death accurred an the date	, 19, that (1) (we) last e and haur and from the causes stated
PORTANT, If them 21 is	-	226. SIGNATURE  226. SIGNATURE  226. PHYSICIAN'S NAME ITYPE Al-Attar, M.	DE COMP	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAL PHY	ite Oaks, Md.

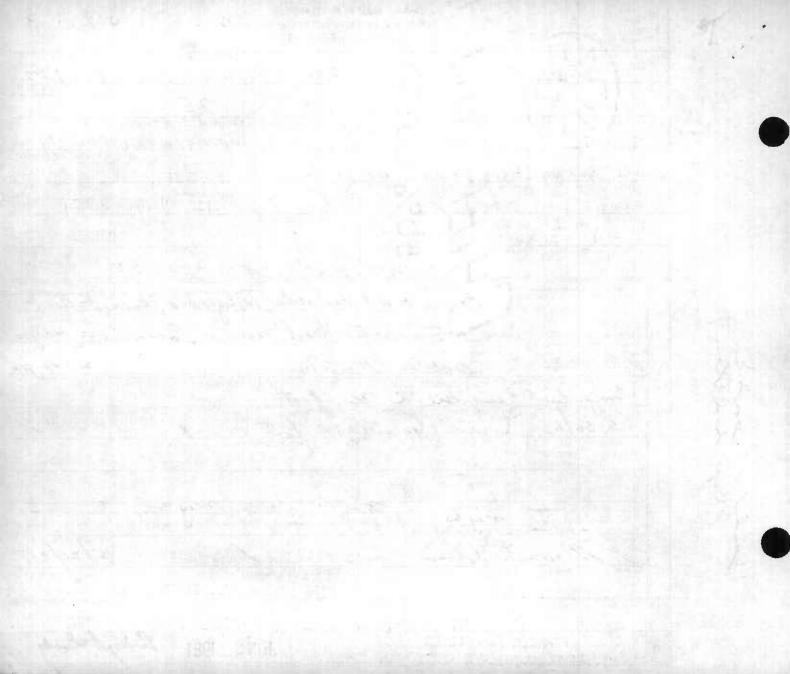


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	<u>-</u> b		Л.	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 REG. NO.	3 1 1 3
	e 6.4	X		OR PRINT)	FIRST	MIGGLE	LAST . A	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	poge rr deot	4	3. SE		gus Lu	O). Take	SÉ BIRTH	6, AGE (IN YEARS LAST BIRTHOLY)	IF UNDER 1 YEAR OF UNDER
	or,				white	Molivi	H DAY YEAR		MONTHS DAYS HOURS MIN
	Po Po	8	7a. B	MALE STATE OR FORE		WHAT COUNTRY? 8.	26 20 1887 EXX NEVER MARRIED	9 BALTIMORE CITY OR COU	
	death. I	300		SSachusetts	U.S. A	WIDOW		Montagne	hii MD.
	e e	Pe		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK	126 KIND OF BUSINESS OR
1201	ours of in by the	10	USU	AT RESIDENCE HE NURSING	HOUT OR OTHER INSTITUTION	DUY BULL TO SIVE RESIDENCE BEFORE ADMISSION	10 per lac	Adm. Ass't. to A	dj. Gen. Army
MARYLAND 2120	filled i	RA				13c CITY OR TOWN	134. NSIDE CITY LIMITS?	13e STREET ADDRESS	A
YLA	thir ely 2 sh	iner		THER'S NAME	Montgomery	Kensington	15. MOTHER'S MAIDEN N		
MAR		50		Andrew	MIDDLE A	Manaene.	Rosa	Anna.	Arata.
	executed and camp	medical		VAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.		he ADDRESS	- Aremun
BALTIMORE,	be exect	а шес		WI		578-32-1972		9	e as 13
BAL	ysici oper	at, th		18 CAUSE OF DEATH (I	Enter only one cause pe	er line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	certification of the control of the	c event,			MEDIATE CAUSE (a)	Dehydrol	02		7 days
PRESTON ST	death a attendir ave carl tion, or	Umotic		4370		OR AS A CONSEQUENCE OF	C. a.		10 411
PRES	the der removementic	rtrou		Canditians, if any, w gave rise to immed	liate )	Chima 18	I am amor	<i></i>	1000
*	by by l, cr	othe			last DUE TO, C	an a consequence of	tu Cerely	I Coscular da	en 159v
5, 201	es pla	ry, or	_	PART 2 OTHER SIGNIFI	ICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
ORD	requir en sign t. Then or to b	y inju	TION	moy	whether	Concuma	6 show de	1	
DIVISION OF VITAL RECORDS,	n. n. ne permi	Aug 2	CERTIFICATION	190 DATE OF OPERATIO	N I IN CON	DITION FOR WHICH OPERATION	ON WAS PERFORMED	IN CI	RTIFYING CAUSES OF DEATH?
ITAL	The he he he	Show Show	ERT	21a. ACCIDENT WAS UNDERL		OF INJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITER	YES NO NA
OF V	IYSICIAN: T ding physics s certificate burial-transi Mental Hygis	ltem 18		OR CONTRIBUTING CAUS		A.M. MONTH DAY YEAR P.M. 19			
NO	ending physical this certificate burial-tran	à	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY TREET FACTORY, OFFICE, FARM ETC.)	211 LOCATION	CITY OR TOWN	COUNTY STATE
SIVIS		morked	2	WHILE NOT WHILE AT WORK	[Al nome, s	TREET PACTORY, OFFICE, PARM ETC	3		
0	ATTENDING bspital or offectors. After d for use as to to of Health a	E SI		22a.l certify that (I) (th			, 19	, ta	, 19, that (1) (we) last
	R ATTE haspits RECTO red for	т 21			alive an ) (did nat) view the bad	y after death.		n death accurred on the date and	
	0 0 0 000	# #ea		226. SIGNATURE	1/0=	ala una	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
		Z -		22d. PHYSICIAN'S NAMI	E NIPE OR PRINT!	some me	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	1-1-01
	0 -	ORT		Teren	V	Cooke	10400 C	on n. 460.	Konsington 40
21.	with the state of	₹		JURIAL, CREMATION, REA	MOVAL 236 DATE	23c NAME OF	EMETERY OR CREMATORY	23d. LOCATION	1,577
20	BP			Burial	May 19	9,1981 Gate of	Heaven	Silver Sprin	a Mont. Md.
C	DHMH- 16 30M 2/8	0	24 F	INERAL DIRECTOR Fro	ancis J. Co			ATE REC'D. BY REGISTRAR 256, RE	STEAR'S STATE SEE
	(VRA 15, 4)		50	0 University	y Blud. W.	Silver Sprin	g, Md. M	VA T 9 1201	

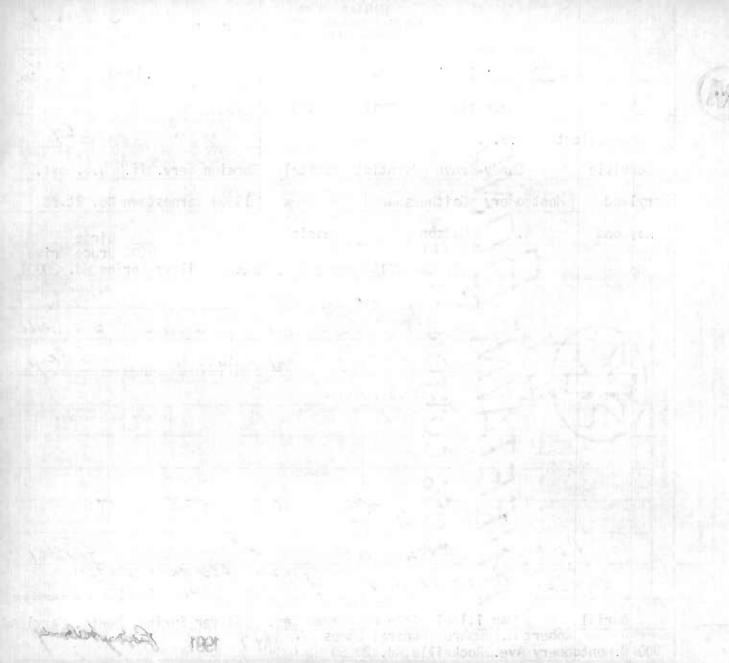






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₩ e3 e3 e3 E3	1. DECEASED NAMI (TYPE OR PRINT)	E FIRST M 7	ILDRED (X	MPLE M.	Ma	artinson	2	OF ESTI- DEATH MATED		9 19 <b>81</b>	26. HOUR
Y, PLEAS INRECTOI UR FILE 22 HOUR N STREE	3. SEX Female	4. RACE White	S. DATE OF BIRTH MONTH DAY Aug. 24,	1916 6. AGE (IN LAST BIRT				C. DATE RONOUNCED DEAD	монтн 5/2	DAY YEAR	12:00 Noon
CCESSAR NERAL DE YOUR YOUNG THE YOUN	70. BIRTHPLACE (S FOREIGN COUNTRY)	TATE OR	76. CITIZEN OF W	HAT COUNTRY?	To.	D NEVER MA	ARRIED   9	Mont of		OF DEATH	AAD
DELAY IS NECESSARY, PLEASE 3 TO THE PUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. DB FILED, WITHIN 72 HOURS. RDS, 201 W. PRESTON STREET,	Silver	Spring	11. NAME OF HOS (IF NOT IN SUCH FA	PITAL, NURSING HO CILITY, GIVE STREET ADDRESS IVERSITY	ME, OR OTHE	R INSTITUTION	12a USUA FOR MG	AL OCCUPATION OST OF WORKING LIFE)	(TYPE OF WORK 12h	OR INDUST	USINESS TRY GOVT.
F ANY D AND 3 RETAIN RECORD	13e. STATE  Marylane	d Nor		13c. CITY OR TOWN	4	13d. INSIDE (11Y LIMIT YES	1131	et address Univers	ity Bl <b>v</b> d	. West	,#517
DEETH. IF	14. FATHER'S NAME FIRST EIN	AR	KOIVIS			15. MOTHER'S M.	FANN	MIDDLE C.		KOIVI	
BALTIMORE, S. AFTER DEA! GIVE PAGES TITH FORM PI MISION OF A. MISION OF A.	16a. WAS DECEASE (YES, NO, OR UNKNO NO	WN) I (IF YES, GIVE	MED FORCES? WAR OR DATES)	166. SOCIAL SECUI	7-1222	MARK	SON W. MART	TINSON	ROCHEST	TER, M	IŃN.
PRESTON ST., ITHIN 24 HOUR CIL IN ITEM 1B. WER ALONG W ALK HYGIENE, AL HYGIENE, REMOVAL.	PART I DE Conditio gove ri	IMMEDIA  ins, if any, which ise to immediate	D BY: TE CAUSE (a) Me DUE TO, OR (b) CE	efor (a), (b), ond (c).)  etastatic  AS A CONSEQUENCE  arcinoma  O	f the		ast.	west.		APPROXIMATE BETWEEN ONS	ET AND DEATH
EXECUTED W. ING". IN PENUTY A BURIAL - THE A BURIAL - THE AMATION, OR	PART 2 OTNER S		(c)	AS A CONSEQUENCE		OR CONDITION GIVEN	IN PART 1 (a)				•
AL RECC	19a DATE OF Non 21a EXTERNA	FOPERATION	196 CONDI	TION FOR WHICH OF	PERATION W	AS PERFORMED?				20 AUTOPSY	
CERTIFICATE TING THE W PED TO THE PED SARRIMENT PRIOR TO THE PER SARRIMENT PRIOR TO THE PRIOR TO	■ FUNDERLYING	AL CAUSE WAS  OR  NG CAUSE OF	DEATH P.A	MONTH DAY Y	EAR 21f LOC	None  CATION REET	JRRED (ENTER N	ATURE OF INJURY IN ITEA	M 18 PART 1 OR PART 2		NO
	22a I certi death result	ify that I taak charg	ge of the remains de	Accident Accident	n Autops Suicide	Homicide TITLE (SPECIF)	Y)	Inquiry X,	ond in my opini	5/30/	/81
TO MEDICAL EXAM EXECUTE THE CERTIL PAGE 4 SHOULD B TO FUNERAL DIRE AFTER DEATH, WITH BALTIMORE, MARY	EXAMPLER'S (TYPE OR PRI	NAME JO	nn S. Roge	ers, M.D.	M.	D. Deput 191 ADDRESS Sil	9 Semin	cal examiner ary Road ing, Mon	signed.		01
320248	230. BURIAL, CREMA (SPECIFY)		23h. DATE 6/2/81	23¢ NAME OF		TTONAL.	AR	CATION DRIOWN LINGTON	COUNTY	RGINIA	STATE
DHMH-17 (VR A15 ME (5))	24 FUNERAL DIREC	CTOR FRANC	IS J. COL			25a. D.	JUN 2	REGISTRAR 256. R	SIST AR'S ST		7
15M 2/80										-	

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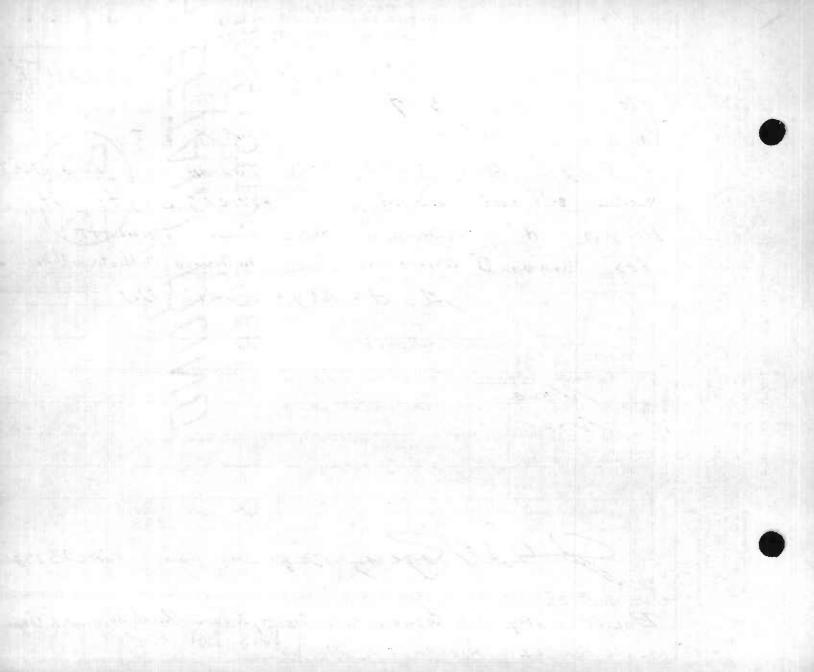
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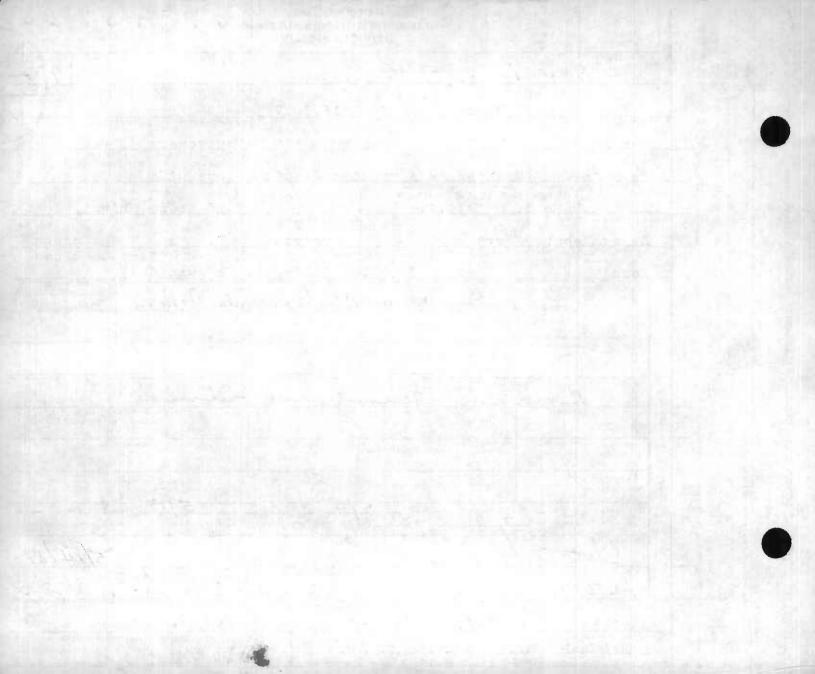
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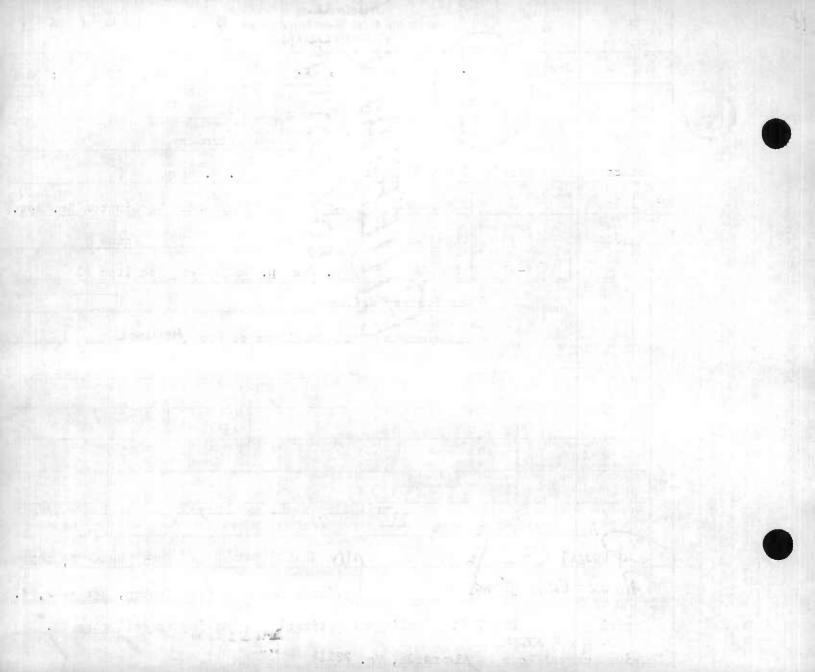
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	FOR			DEPARTMENT OF	HEALTH A	ND MENTAL H	TYGIENS		5 / 6	
	- STATE REGISTRAR			DICAL EXAMI						
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PRESTON STREET,	(TYPE OR PRINT)	E FIRST		WIDDLE	LAS	51	20. DATE K	MOWN NON	H DAY YEAR	26. HOUR
	(THE ONE MINT)	1-1-	- 11	12 1	1-17.	- 11	OF DEATH	ESTI-		الله مايد
2	454	Mon	214	132x /	10/0	nele		W S	113 19 0	PM
3	SEX	4. RACE S	DATE OF BIRTH	YEAR LAST BIRTH				MONT	A DAY YEA	P 24 HOUR
	11	111	2 1	1 12 1		DAYS HOURS	MIN. PRONOUNC	ED	11 0	, 400
	100	1 co	vec.r		YRS.			may,	19 0	D. M
-	O. BIRTHPLACE	TATE OR	L CITIZEN OF W	HAT COUNTRY?	8 MARRIED	NEVER MARR	9. BALTIMO	RE CITY OF COU	NTY OF DEATH	
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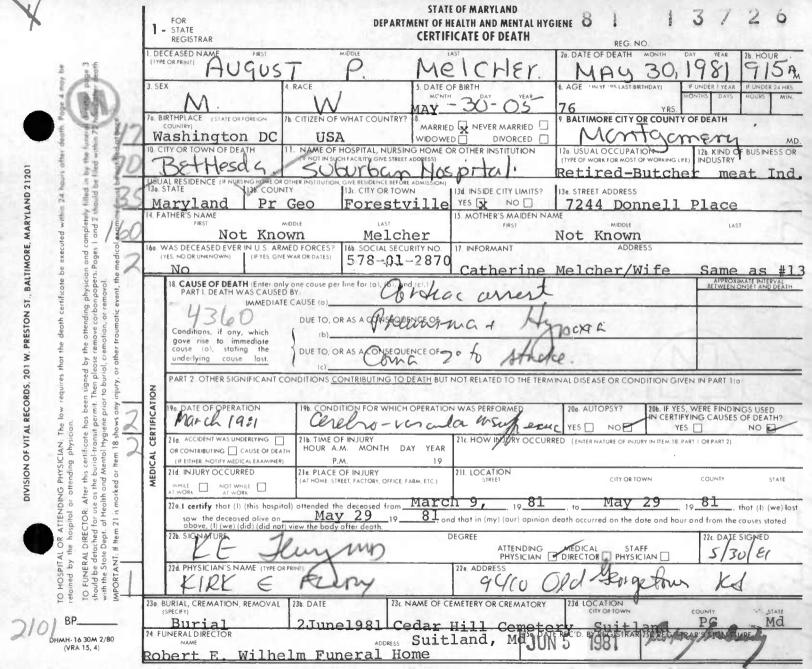
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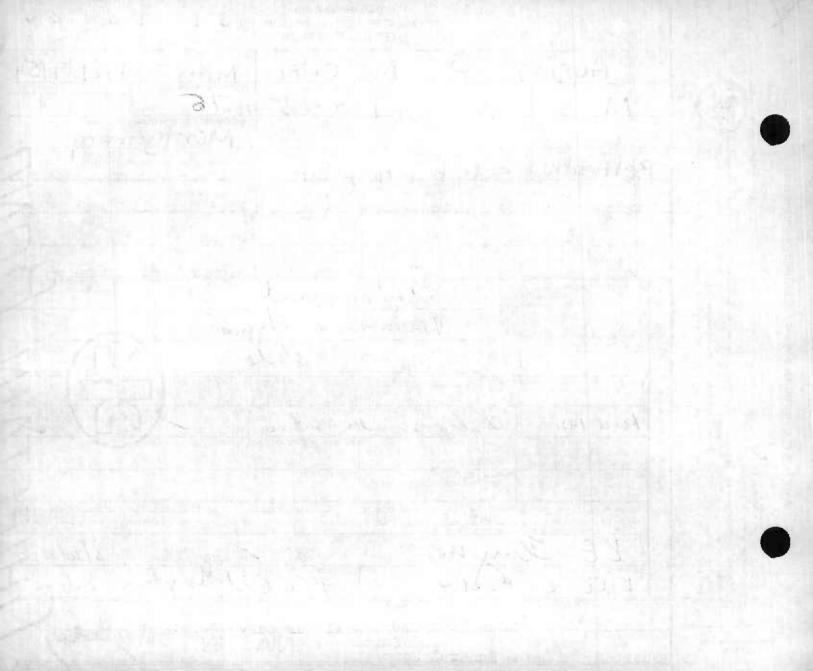




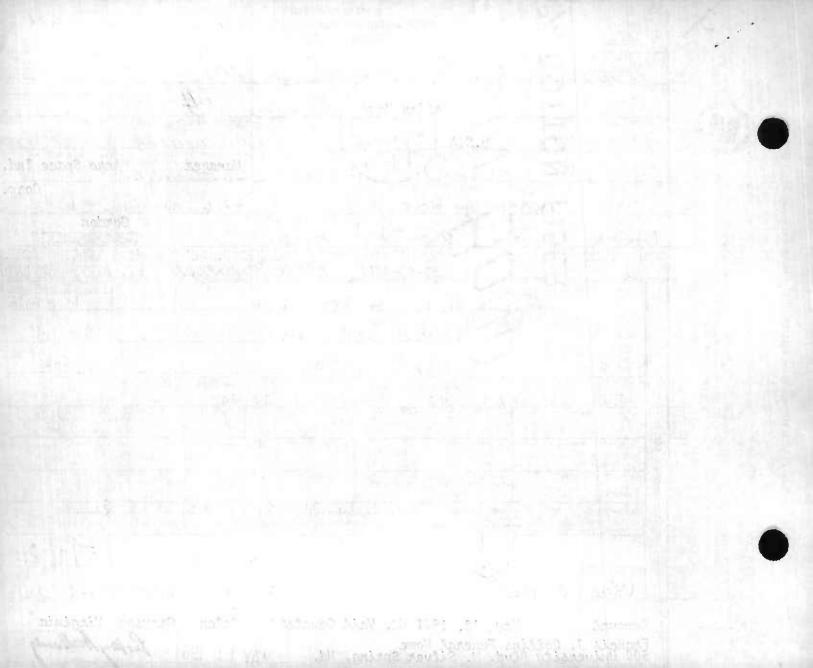
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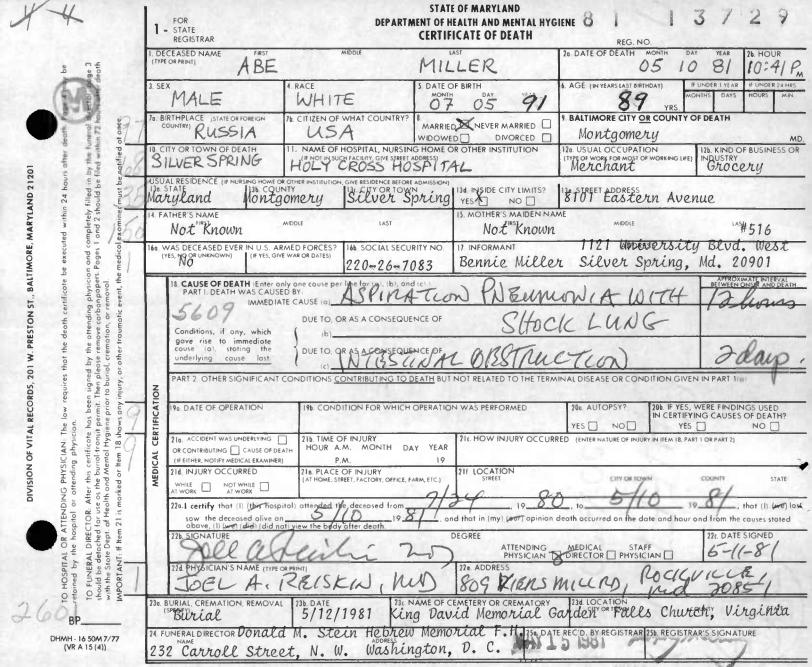


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AND 2120	24 hours	13a S	IL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN		RESIDENCE BEFORE A	1/16 YES		4216	DRESS	reen S	t	Corp.
MARYL	and 2 to	14 FA	THER'S NAME FIRST NAME TOMAS	NIDDLE A	MELTO	N	Bertie			Gordov XXXXXXX	TXZXZ	
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IVISION	DING PHYS or attendir After this cost he bu olth and Mi marked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF I	NJURY FACTORY, OFFICE, FAR	M, ETC.]	LOCATION	C	ITY OR TOWN	COUNTY	s	STATE
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3	BP	(1	urial, cremation, removal Pecify) Removal	236. DATE May 12.			ERY OR CREMATO	23d. LOCATE CITY OR TO Galax		on Vi	iginia	ATE
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			EMETERY OR CREMATORY	23d LOCATION Damascus	Montg. Md.
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DHMH - 16 50M 1/BI (VRA 15, 4) FOR

REGISTRAR

DECEASED NAME

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH 2b. HOUR 6. AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR Salesman hardware Rockvible 134. INSIDE CITY LIMITS? 715 Shetland Street 15. MOTHER'S MAIDEN NAME Louise Hayden Miller Mary 16h SOCIAL SECURITY NO 17 INFORMANT 577-10-3485 Barbara P. Miller same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH exerce well accel CONTRIBUTING TO DEATH BUT NOT THE WEST OF THE TEXT OF ALD DESEASE OF CONDITION GIVEN IN PART THE 19). CONDIDON FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO P NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 211 LOCATION CITY OF TOWN STATE (our) Opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING 22e. ADDRESS 231. NAME OF CEMETERY OR CREMATORY Rockville, Maryland Parklawn Memorial Park

22d. PHYSICIAN S NAME (TYPE OF PRINT)

BARRY N. ROSENSAUM M.D.

23b. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIET SHEEL)

SPECIET SHEEL STORM S

bullenman | hurdware X 715 Shetland Street elfivion gramogarow Saclynul Mary Louine Hayden Joseph Renry Miller sel as ens telly . Stradas Sarbara . Tiller sans as 138 The State of the S

5/15/81 Farklawn Memorial Park Rockville, Maryland

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<b>\</b>	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 3 / 3 2  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.								2
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RY, PLE DIRECTION FILE TATAOL	female	white	S. DATE OF BIRTH	YEAR 6. AC	SE (IN YEARS IF U ST BIRTHDAY) MON		UNDER 24 HRS.	2c. DATE PRONOUNCED DEAD	MONTH 5	8 81	24 HOUR 9:50 a M
ONERAL ONERAL WITH	70. BIRTHPLACE FOREIGN COUNTR Austri	Y)	76 CITIZEN OF W		8 MARE WIDOV	RIED NEVER	MARRIED	9 BALTIMORE C	gomery		MD
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21201 AND 31 RETAIN HOULD I	USUAL RESIDENCE 130. STATE  Marylar	13b COU	orother institution G NTY atgomery	13c. CITY OR T	OWN	13d INSIDE CITY LI	IMITS?   13e. STR	EET ADDRESS 5 Beall	Avenue		
EATH II	MARTHER'S NA	ΛE		Hattenb	erger	15. MOTHER'S	maiden name gina			Fleiss	
ALTIMO AFTER D SIVE PAG TH FORW AGES 1 A ISION O	16a. WAS DECEAS (YES, NO, OR UNK	SED EVER IN U.S. AF	RMED FORCES?	16b. SOCIAL S	ECURITY NO. 52-0661	17 INFORMAN		4Ma a 6229 (		Wisc.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201  TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING" IN PENCIL IN ITEM 18. GIVE PAGE 51, 2, AND 310 THE FÜNERALDIBECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE FILED, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTONSTREET, BALTIMORE, MARYLAND, 21201 PRIOR TO BURRAL, CREMATION, OR REMOVAL.	Candit gave cause lying c	ians, if any, which rise to immediat (a) stating the <u>under</u> ause last.	ATE CAUSE (a)  DUE TO, OR  (b)	AS A CONSEQU AS A CONSEQU	JENCE OF			disease		BETWEEN ONSE	NO SEATO
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1005BP	(SPECIFY) Bur:		5/13/81	Gat		aven Ce	metery	Silver	Spring		ATE
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Haryland Hontgonery Rockville 55 Bealt Avenue

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577-52-0661 Fibor . Tann 6229 Countrywide La.

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5/13/61 Gate of Heaven leasing dilver Spring, Md.

Tyson sheeler Fanoral Jone, Inc. Office Pinesler Teneural long, Inc. MAY 12 1981 August 1955 ....

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	NECESSARY, PL FUNERAL DIREC 5 FOR YOUR P. WITHIN 72 HG	7a. B	IRTHPLACE (STA	White	MONTH DAY	1895 RAST BIRTH	YRS. MARRIE	D NEVER MARRIE	PRONOUNC DEAD  9. BALTIMO	RE CITY OR COUNT	10 1981 G	32
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	DICAL EXAMINATE THE CERTIFIES IN SHOULD BE VERTH, WITH TOPE, MARYLAND ORE, MARYLAND		ACTUAL SIGNATURE	9	ofm s.	Bell	M.	Deputy	MEDICAL EXAMIN	DATE NER SIGNE	May 11, 19	781
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA	23a.B	EXAMINER'S N (TYPE OR PRIN URIAL, CREMATI SPECIFY)	()		23c. NAME OF C	METERY OF		23d. LOCATION CITY OR TOWN	cour	NTY STATE	
	DHMH - 17 (VR A15 ME (5)) 15M 7/77		urial UNERAL DIRECT NAME DOTT		5-14-81  ADDRESS neral Home	Woodlar 414 Gastor Fairmont,	n Ave.	250. DATE R	Fairmont, EC'D. BY REGISTRAR V 15 1981		IGNATURE	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CE	RTIFICATE OF DEATH	REG. N	10.	
1. DECEASED NAME	FIRST	MIDDLE . M	LAST	20 DATE OF DEATH	MONTH DAY	ZEAR 25-110 UR 4/20
3. SEX Male	4. RACE Caucas	ian	ATE OF BIRTH MONTH DAY Phruary 17,1922	6 AGE (IN YEARS LAST BIR		TYEAR IF UNDER 24 HRS DAYS HOURS MIN.
To. BIRTHPLACE (STATEORE COUNTRY) New Jersey	U.S.	A. WIE	ARRIED NEVER MARRIED	LEAUTIMORE CITY O		DUNTY MD.
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130. STATE  Maryland  14. FATHER'S NAME	13b COUNTY Montgomery	13c. CITY OR TOWN Silver Spri	113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 15301 Pine	Orchard I	Or.
John 160 WAS DECEASED EVER 1	MIDDLE  N.U.S. ARMED FORCES?	Moran  16b SOCIAL SECURITY	FIRST Mary	Ann ADDR	Farre	11
yes	(IF YES GIVE WAR OR DATES)	156-03-9847		Moran (sam		
PART I. DEATH W.	I Enter only one cause po AS CAUSED BY: IMMEDIATE CAUSE (a)_	er line far (a), (b), and (c) )	ck		BE	APPROXIMATE INTERVAL IWEEN ONSET AND DEATH
Qove rise to imm couse (o), stating underlying cause PART 2 OTHER SIGN 190. DATE OF OPERAT	the lost DUE TO, (c)	OR AS A CONSEQUENCE  ONTRIBUTING TO DEATH  DITION FOR WHICH OPER	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PA	
TIFIC TIPIC				YES NO	IN CERTIFYING CA	
210 ACCIDENT WAS UNDI OR CONTRIBUTING C C (IF EITHER NOT IFY MEDIC 21d INJURY OCCURR	AUSE OF DEATH HOUR A	OF INJURY  A.M. MONTH DAY Y  P.M.  OF INJURY	21c HOW INJURY OCCURE 19 21L LOCATION	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I ORP	ART 2)
WHILE NOT WHI	LE THOME, S	TREET FACTORY OFFICE FARM ET		CITY OR TO	OUP COUP	NIY STATE
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220 I certify the 10 sow the Decease obove (1) fwe) (d	this hospital) attended to dolive an did (did not) were the bod	he deceased from	ond that in (my) (aur) apinian of DEGREE  ATTENDING PHYSICIAN (2)	to May -	7 19 ote and have and fra	, that (I) (we) lost
270 I certify that I work sow the Decease obove (III/we) (d) 27b. SIGNA IN.	this hospital) attended to do live on di (did not) vernihe bod	HEEL FACTORY OFFICE FARM ET  Compared to the deceased from 19 5 years death.	DEGREE ATTENDING PHYSICIAN (2) 272e ADDRESS	to May - death accurred and the d  MEDICAL STA DIRECTOR PHYSIC	7 19 ote and have and fra	that (1) (we) lost me the causes stated
220 I certify the 10 sow the Decease obove (11/we) (d) 22b. SIGNA IRI	this hospital) attended to dolive on did (did not) we the bod ME (TYPE OR PRINT)  REMOVAL 23b. DATE May 1	received from the deceased fro	ond that in (my) (aur) apinian of DEGREE  ATTENDING PHYSICIAN (2)	death accurred and the	ote and haur and from 1272.  FF CIAN   Arline	tha (1) (we) lost me the causes stated  DAJE SIGNED  7, (S.F)  1ton Va.

DHMH-16 50M 1/81 (VRA 15, 4)

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11800 New Hampshire Ave

Silver Spring, Md. 20904

FOR

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO MONTH 26 HOUR 5 IF UNDER 24 HRS IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE 17000 Woodale Drive LAST APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO F CITY OR TOWN COUNTY STATE AV DATE SECTION REGISTRAR SCONATO

DHMH - 16 50M 1/81 (VRA 15, 4)

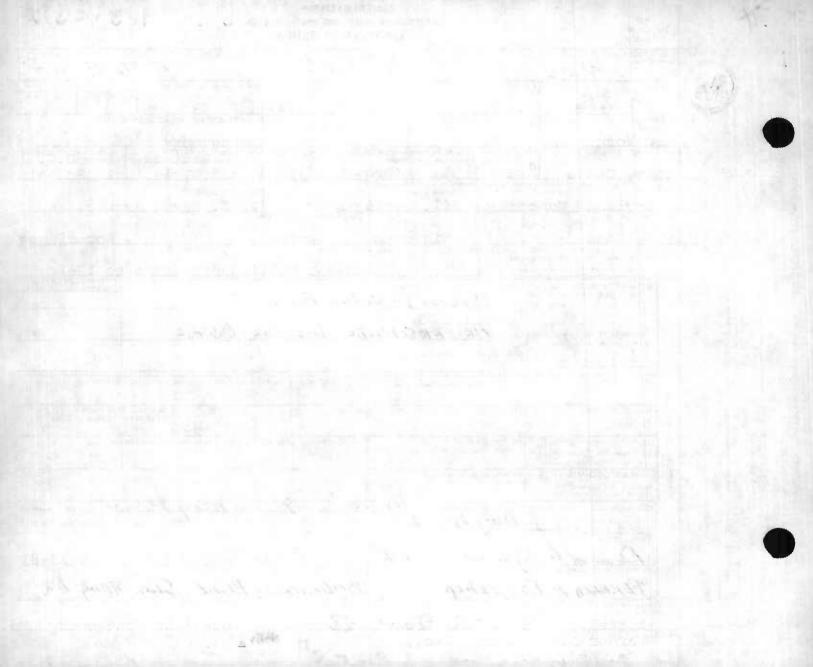
24 FUNERAL DIRECTOR

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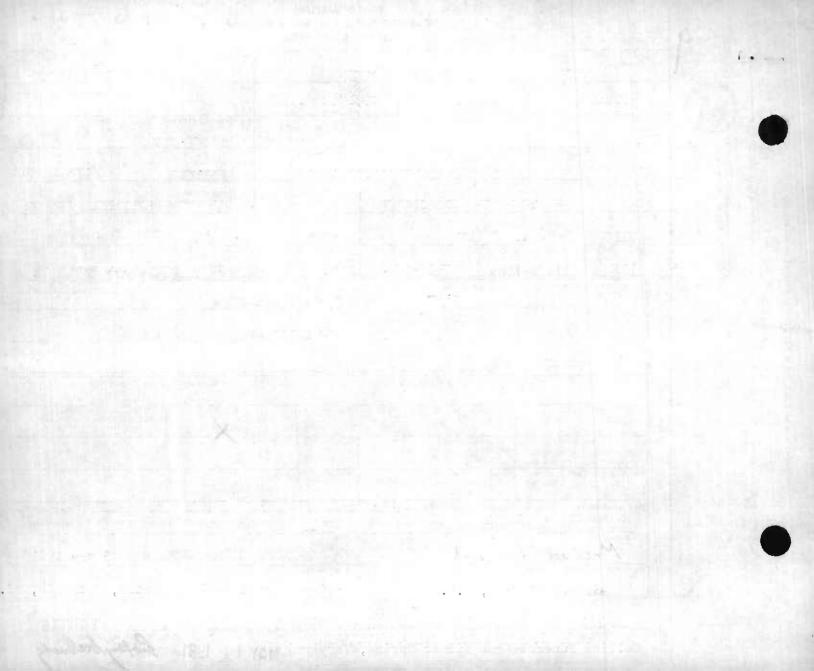
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Ave., S.S. Md

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STATE OF MARYLAND



DeMaine Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH 26 HOUR 20 1981 7:59A BALTIMORE CITY OR COUNTY OF DEATH

Dove

126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY

5230 Perth Court

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES K

COUNTY

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NO [

22c. DATE SIGNED

May 20 1981

Alexandria, Va. 22314

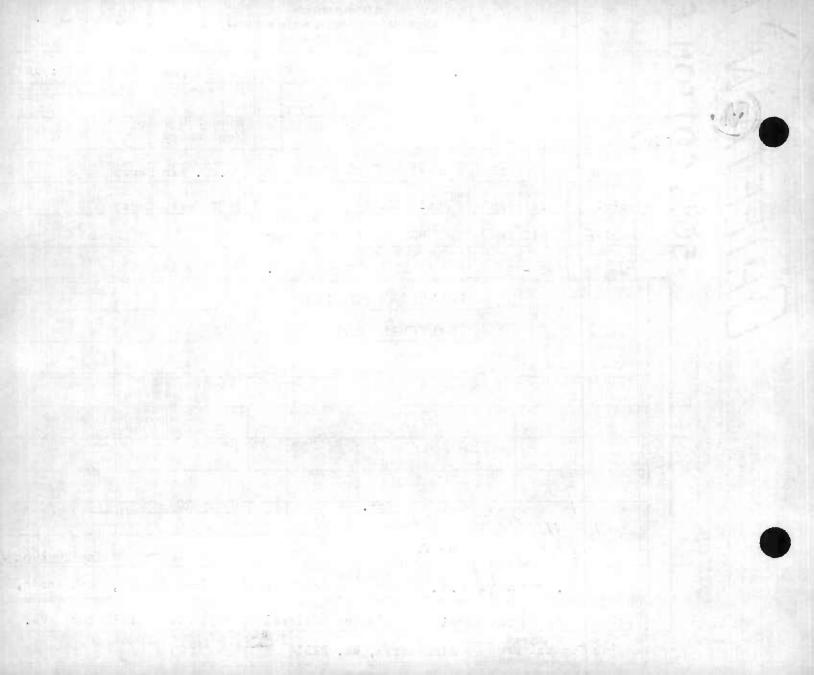
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DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

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(VRA 15, 4)

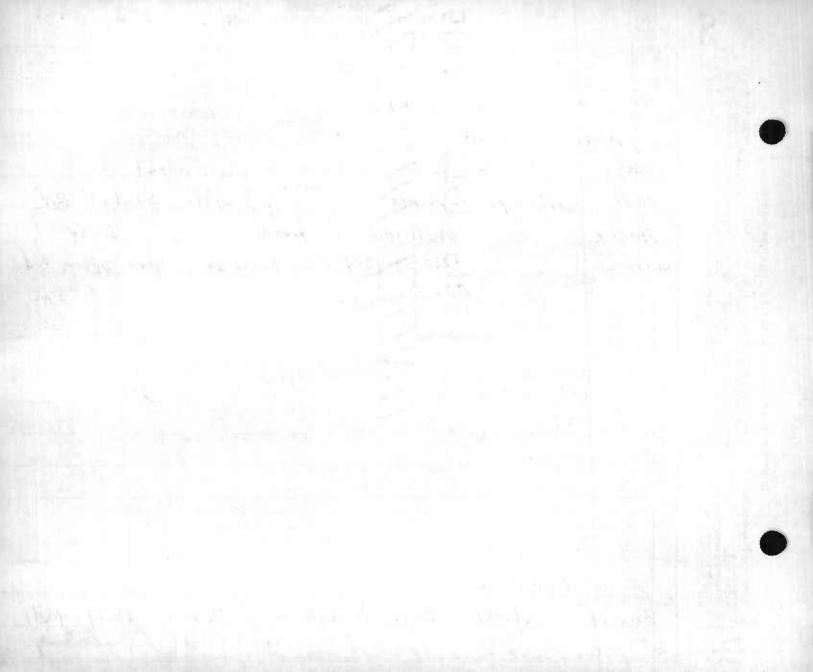
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9	FOR STATE				AND MENTAL HY		13	14	i
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S 0 = S 1		THOMAS	C.		LIGAN		MATED May	31 <sub>19</sub> 81	4:24
VOLVE TO STATE	. SEX	4 RACE S. DATE MONTH	OF BIRTH  DAY  YEAR  9 36	LAST BIRTHDAY) MONTH	DER 1 YR. IF UNDER 2	4 HRS. 2c. DATE PRONOUNG DEAD		I9	2d HOUR
JECESSAPT, PEAS INERAL DIRECTOR FOR YOUR PILES WITHIN 72 HOUR: PRESTON STREET	FOREIGN COUNTRY)	TATE OR 7b. CITIZ	TEN OF WHAT COUNT	RY? 8. MARRI WIDOW	ED NEVER MARRIE	Mont	gomery	Y OF DEATH	
AGE 5 PILED, V	Olney	(IF NO	AE OF HOSPITAL, NURS OT IN SUCH FACILITY, GIVE STR 1 tqomery	SING HOME, OR OTH	ER INSTITUTION	120. USUAL OCCUP.	ATION (TYPE OF WORK ING LIFE)	126 KIND OF BU OR INDUSTR	SINESS RY
2. AND 31 OTHE PURRAY OF SEAL		(IF IN NURSING HOME OR OTHER IN	STITUTION, GIVE RESIDENCE BI		-	Shect n  Street Addres  A1815		-11 Rd	/
DEATH. IF	14. FATHER'S NAME	MIDDLE E .	Mul	ligAN	15. MOTHER'S MAIDEN	NAME	DOLE	ARP	
GIVE PAGE ITH FORM PAGES 1 AI IVISION OF		D EVER IN U.S. ARMED FOR WN) (IF YES, GIVE WAR OR DA		34-4034	JUHN Thom	AS Jr.	Silver S	ppy t	nd.
IIN 24 HOURS A IN ITEM 18. GI' S ALONG WITH STIT PERMIT. PA HYGIENE, DIVI! MOVAL.	54	F DEATH (Enter only one col ATH WAS CAUSED BY: IMMEDIATE CAUSE Dos, if ony, which	(a) Card	end (c)-)  COL COL  EOUENÇE OF	rest			APPROXIMATE BETWEEN ONSE Z. A	AND DEATH
EXAMINE: THIS CRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DEL CERTIFICATE, WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO UD BE FORWARDED TO THE CHIEF MEDICAL EXAMINES ALONG WITH FORM PM. 3. RETAIN IS DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, WARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	gave ris couse (a) lying cau	se to immediate stating the under-	(c) / ga	EOUENCE OF  M. Greud  D TO THE DEMINAL DISEASE	OS CAN	hudip		244	ler
SHOULD BE EXE ORD "PENDING CHIEF MEDICAL TOF HEALTH AN URIAL, CREMAT	19a. DATE OF	arterios Di	churter 96 CONDITION FOR W	heav	+ desea	en of	D KII	20 AUTOPSY?	
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ARDED TO THE AGE 3 SHOULD ATE DEPARTMEN 1201 PRIOR TO		OR OG CAUSE OF DEATH	HOUR A.M. MOÑTH I P.M.	DAY YEAR 19	DW INJURY OCCURRED	(ENTER NATURE OF INJL	IRY IN ITEM 18 PART 1 OR PAR	RT 2)	
AGE 3 SP ATE DEP	CONTRIBUTION CONTR	OCCURRED 2 NOT WHILE AT WORK	TE PLACE OF INJURY STREET, FACTORY, FARM, ETC		CATION	City or fow	'N COL	YIM	STATE
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST, BALTIMORE, MARYLAND, 2	27a I certil death results ACTUAL SIGNATURE	fy that I took charge of the red from: Natural causes  Mulcaue 1		e, held an Autop:	Hamicide TITLE (SPECIFY)	Undetermined mod	DATE		
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	W.C. The	Luc Ba	ADDRESS	i med	250. DATÉ RE	C'D. BY REGISTRAR	25b. RECORAR 5-5	A Charle	,



Homes, P.A., Bethesda, Maryland

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

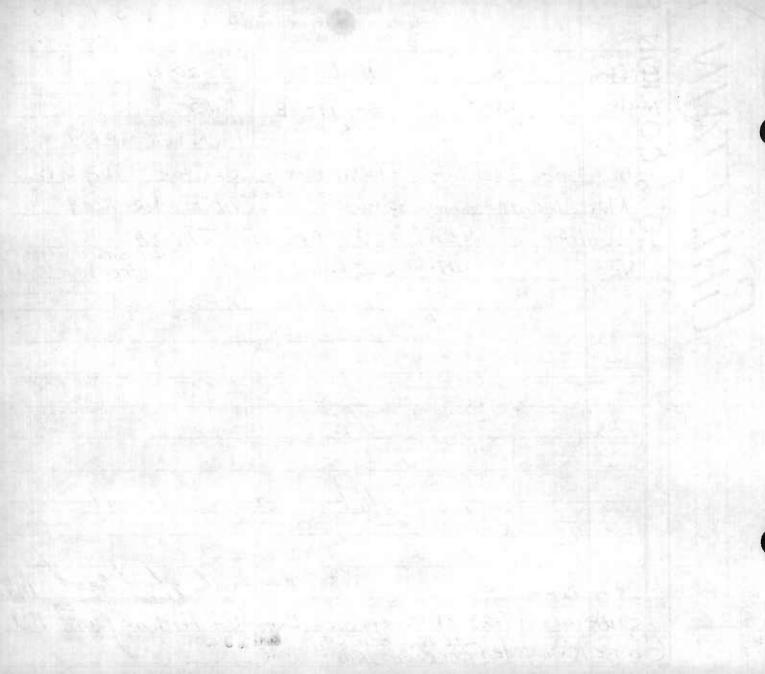
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(VRA 15, 4) 1/79

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X	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY	GIENES 1 13/4	4
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
	1 DECEASED NAME FIRST	MIDDLE LAST	20 DATE OF DEATH MONTH DAY YEAR 26 H	OUR
тоу be , poge 3 er death	STACY	ELIZABETH NAIBERT	5 25 81 91	PMM
after	3. SEX FEMALE	4 RACE S DATE OF BIRTH MONTH DAY YEAR	MONTHS DAYS HOUR	DER 24 HRS
Poge	7a. BIRTHPLACE STATE OR FOREIGN	Whi TE Aug 22 78	YRS 9 -	
1 1 35	COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	HUNT GONCRY COUNTY OF DEATH	MD
P	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	126 USUAL OCCUPATION 126 KIND OF BUSI	
by the filed	OLNEY	16590-Emery Lane	child -	100
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours a rottending physician.  Wher this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled in by os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled in by or the new filled in the medical examiner missible pages or them 18 shows any mjury, or ather traumatic event, the medical examiner missible page.	MD HON	TWWW Rockville YES NO	16590 EHORY LANG	
Mrthin within defely d 2 sh	14 FATHER'S NAME FIRST	MIDDLE LAST IS MOTHER'S MAIDEN N	MIDDLE A A LAST	
comple and land	ZANE	MAIBERT NAMICE	NA: BERT	
MORE, e execu	160 WAS DECEASED EVER IN U.S. A (YESANO ORUNKNOWN) (IF YES, GI	IVE WAR OR DATES)	ADDRESS	100
TIMC be e	130	Zane E. Naibe		
ST., BAL rithcote physici onpaper emovol.	PART I. DEATH WAS CAUS	anly ane cause per line far 10), (b), and ic SED BY: ATE CAUSE (a) CARD IAC ARREST	APPROXIMATE IN BETWEEN ONSET A	ND DEATH
e death ce e attending move corbi notion, or r troumatic	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	Pressure Hours	5 -
I W. PRESTO	gove rise to immediate cause of, stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF		
S, 201  gned b  gned b  bured; ry, or a	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART 11g	
RDS, 7	NO	rove		
ITAL RECOR	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	206 AUTOPSY? 206. IF YES, WERE FINDINGS U	ATH?
VISION OF VITAL RI G PHYSKCIAN: The la otherding physicion. er this certificate hos the burial-transit per ond Mental Hygiene ked or Item 18 shows		EATH HOUR A.M. MONTH DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	
ON OF HYSICIA Inding p nus certif burial-i Mental	OR CONTRIBSTING CAUSE OF DI  (IF EITHER, NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOTIFY AND	R) P.M. 19  21e PLACE OF INJURY 21f LOCATION		
DIVISION C ING PHYSIC r ottending After this cer os the buric lith and Ment oorked or Ite	WHILE AT WORK AT WORK	(AT MOME, STREET, FACTORY OFFICE, FARM ETC.) STREET	CITY OR TOWN COUNTY	STATE
000 800 800	220 I certify that (1) this hosp	pital) ottended the deceased from Aug 24 19 18	10 May 25 1981 thot	(we) last
R ATTER hospita hospita RECTOR red for upt. of H	saw the deceased alive a above (1) ( ) (did) (did)	on May 20 19 81 , and that in (my) (our) apiniar	death occurred an the date and hour and fram the couses	stated
OR AT DIRECTORECTORE DEPT. of them if them	22b. SIGNATURE	1 DEGREE	22c. DATE SIGNE	D
Y the CAL Code of of CAL Code of Code of CAL	1 are		MEDICAL STAFF DIRECTOR PHYSICIAN 5/2	181
HOSPITAL ined by th FUNERAL wild be det h the Store	22d. PHYSICIAN SNAME (TYPE		- al Rich 'lle Mil	•
TO HOSPITAL OR AT retoined by the hosp TO FUNERAL DIRECT should be detoched it with the Stote Dept. or MADORTANT: if them 3	GARY BREC			
1.501	230 BURIAL CREMATION EMOVA			STATE
BP	Cremation	May 28,1981 Lee's Crematory	Washington, D.C.	La la
DHMH - 16 60M 1/75 (VR A 15 (4))	24 FUNERAL DIRECTOR	0.300-4th St., NE, Wash., DC20002.	E REC DE REGISTRAR ES REGISTRAR S SIGNATURE	
(100 10 (4))	• MILLER S DONS U	O. JOO-4011 St., NE, Wasii., DOZOOZ.	101	11111

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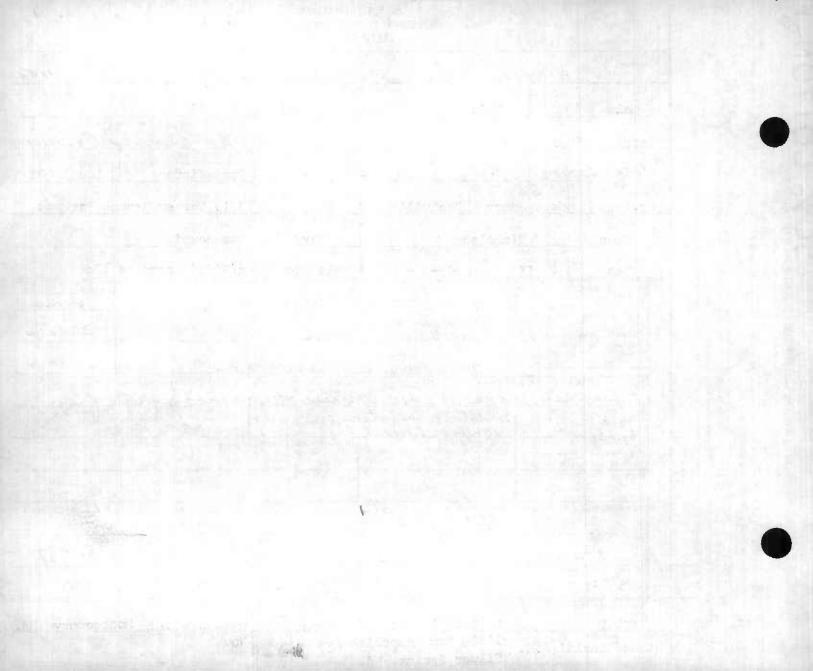


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1331 Rockville like Seckville, Maryland =

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Silver Spring, Md.



Silver Spring, Md. 20904

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125		FOR				MARYLAND I AND MENTAL H	YGIÊNE I	13	1 5	Ü
		STATE REGISTRAR	ME	DICAL EXAM	INER'S	CERTIFICATE C	F DEATH	REG. NO.		
63	1. DE	CEASED NAME FIRST		WIDDLE		LAST	20. DATE	KNOWN - MON	TH DAY Y	EAR 2b. HOUR
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	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (II	YEARS IF UN	DER 1 YR. IF UNDER	24 HRS. 2c. DAT	E MONT		YEAR 2d HOUR
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SA SE	1	ASh, STATE	u.s	, A	WIDOV	IED NEVER MARR		tgomery	Countr	
IS N IS N I W	10. C	TY OR TOWN OF DEATH		SPITAL, NURSING HO	ME, OR OTH	IER INSTITUTION	12a. USUAL OCCU	JPATION (TYPE OF WOR	County	OF BUSINESS
F ANY DELAY IS NECESSARY, FE AND 3 TO THE FUNERAL DIRECTAIN PAGE 5 FOR YOUR FILES HOULD BE FILED, WITHIN 72 HOUR PECORDS, 201 W, PRESTON STREET	Ro	ckville	13211	Twinbroc	-	#203	POR MOST OF WO	ORKING LIFE)	1 OR ING	J. Govi
A SUPERIOR S	USUA	L RESIDENCE (IF IN NURSING HOME OF	OTHER INSTITUTION, C	IVE RESIDENCE BEFORE ADM	ISSION)		LANAI	121	1	
21201 AANY AAND CECOLE	13a. S M.a		omery	Rockvi]		13d. INSIDE CITY LIMITS?  YES 12 NO	13e. STREET ADDR	ress <b>Twinbroo</b>		203
	14. F/	THER'S NAME	Omery		.16	15. MOTHER'S MAID!		IWILIDIOO		way
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A A A A A A A A A A A A A A A A A A A	160. V	AS DECEASED EVER IN U.S. ARM	ED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	6 - 3	ADDRESS 12	21-7	AYe.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120) NER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY CATE, WRITING THE WORD "PENDING" IN PENCIL IN TEM 18. GIVE PAGES 1, 2, AND FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA TOR: PAGES 3 HOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOUL THE STATE DEPARTMENT OF HEATTH AND MENTAL HYGIENE, DIVISION OF VITAL RECO	1	(IF YES, GIVE W		UNI	K	CATHlee	1 01°	NWell Son	n Fran	0.
WITE POINT		18 CAUSE OF DEATH (Enter only		e far (a), (b), and (c),)	at the stand	·	A COL	ANCII SE	APPROX	CIMATE INTERVAL
A ST.		PART I DEATH WAS CAUSED	BY:	Cardio.	Vasc	wlar 7	Discas	e _	BETWEEN	ONSET AND DEATH
TO TO THE PER CONTRACT OF		4292 IMMEDIATI		R AS A CONSEQUENCE						
ER A		Canditians, if any, which								
OR TRANS	-	gave rise to immediate cause (a) stating the <u>under-</u>	DUE TO, OI	R AS A CONSEQUENCE	E OF					
NAME AND		lying cause last.	(4)							
XECL XECL AND AND ATIC		PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE 1	ERMINAL OISEAS	E OR CONDITION GIVEN IN PA	RI L a			
S A LITH	Z									
LEA A HEA	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH O	PERATION W	AS PERFORMED?		2-47	20. AUTO	PSY?
A SEE SEE	F		- 1						YES	□ NO 【X
N N N N N N N N N N N N N N N N N N N	1 8	210 EXTERNAL CAUSE WAS	216. TIME C		21c H	OW INJURY OCCURRE	D LENTER NATURE OF H	NJURY IN ITEM 18 PART 1 OF	PART 2)	
SAT SOUTH	1 ×	UNDERLYING OR CONTRIBUTING CAUSE OF D			EAR					
AISIC TISIC	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME		CATION				
MRIIS CARDARD ARD CE	1	AT WORK AT WORK	SIREEL, FAC	TORY, PARM, ETC.)		DIKEEL	CITY OR TO	OWN	COUNTY	STATE
E TH RWV, V E PA S: STA		220 I certify that I taak charge	of the semant de	and had also as to late	n Autap	sy . Inspectio	n X, Inquiry	X and in my		
A S S S S S S S S S S S S S S S S S S S			I couses	Accident .	Suicide	, Hamicide	n [A]. Inquiry Undetermined m		apinian	
NITE OF BE		dealif resolled from 1901010	A COUSES IZ	Accident,	Suicide [	TITLE (SPECIFY)	Undetermined in	idnner [].		
# N N N N N N N N N N N N N N N N N N N		ACTUAL SIGNATURE	m. B.	Ball		Deputy	MEDICAL EXA	DA	EMay 1	D. 1981
SE SE SE		SIGNATURE			/	7936		orgetown		
SE S	-	EXAMINER'S NAME JO	hn G. I	Ba11			esda. M		20014	
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	23 <sub>9</sub> B	URIAL, CREMATION, REMOVAL 23	b DATE	23c. NAME OF	CEMETERY C	OR CREMATORY	23d. LOCATION			
1204 BP	110	2 emation 1	12V 1619	81 Cedas	II.H.	Chempton	MIN ON TOWN	and F	OUNTY	MC/
	-	UNERAL DIRECTOR	10			250. DATE	REC'D. BY REGISTR	AR 256 REGISTRAR	SSIGNATURE	1
DHMH - 17 (VR A15 ME (5) )	W	. L. Chim Be	2 Sol	all Gal	Drr. S	. 2. MAY	1 9 1981	wheny	/xalre	7
15M 2/80				<u> </u>	-					

A PERIL D BENEFIT TO THE PROPERTY OF THE THE RESIDENCE OF THE PARTY OF T

3. SEX	Male White	Richard Date Of Birth 6. AGE	AINER'S CERTIFICATE  UAST  Oden	20. DATE KNOWN OF ESTI- DEATH MATED	
7a. BIF	Male White	, DATE OF BIRTH 6. AGE		DEATH MATED	411 0 1 4
	RTHPLACE (STATE OR 7	Dec. 28, 1920  C. CITIZEN OF WHAT COUNTRY?	(INYEARS IF UNDER 1 YR. IF UNDER 1 Y	PRONOUNCED DEAD  9. BALTIMORE CITY O	Mat/ 14 199) 3"
P	REGIN COUNTRY) Maryland TY OR TOWN OF DEATH  Bethesda	USA  1. NAME OF HOSPITAL, NURSING H  (IF NOT IN SUCH FACILITY, GIVE STREET ADD  Suburban	WIDOWED DIVO	IZO USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	comery  Tob. KIND OF BUSINESS OR INDUSTRY  N. I. H.
USUA 130. ST Ma	L RESIDENCE (IF IN NURSING DAE OR TATE  TATE  TYPIAND  TROPE  THERE'S NAME  ERST  ERST	OTHER INSTITUTION, GIVE RESIDENCE BEFORE A  136. CITY OR TO  Prick Brunsw  MIDDLE LAST	OMISSION) VN 13d. INSIDE CITY LIMITS LECK YES NO 15. MOTHER'S MA	13e STREET ADDRESS 111 4th Ave	enue 21716
16a, W (YE	VAS DECEASED EVER IN U.S. ARME IS NO OR UNKNOWN) (IF YES, COLE W. YES	Ward Oden  D FORCES?   16b. SOCIAL SEC   220-09-		111 ADDRESS	McKnight th Avenue ick, Md. 21716
NO	Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .  PART 2 OTHER SIGNIFICANT CONDITIONS CO	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  NTRIBUTING TO DEATH BUT NOT RELATED TO TH	NCE OF	I PART 1 (o).	
CERTIFICATION	196. DATE OF OPERATION  216. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	OPERATION WAS PERFORMED?	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	20. AUTOPSY?  YES NO
CAL	UNDERLYING OR CONTRIBUTING CAUSE OF DE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	ATH P.M. I  21e PLACE OF INJURY (ATHOR	9	CITY OR TOWN	COUNTY STA
	22a. I certify that I took charge of death resulted from: Natural ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)	of the remains described above, held causes A, Accident ,	an Autopsy , Inspect Suicide , Hamicide TITLE (SPECIFY)  M.D. TO PUT (  ADDRESS	Undetermined manner .	DATE SIGNED May 14,19
20 20	JRIAL, CREMATION, REMOVAL 236	DATE 23c. NAME O	F CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE

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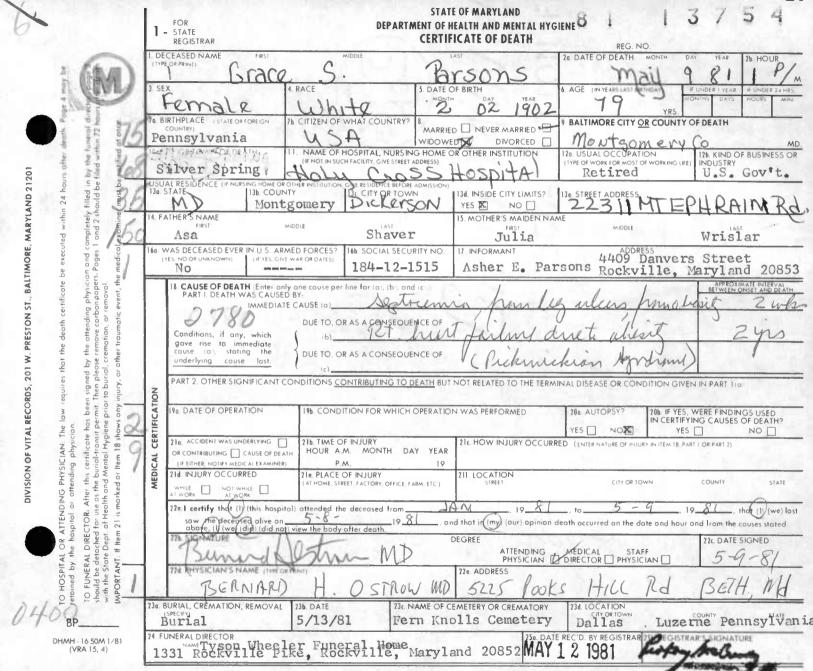
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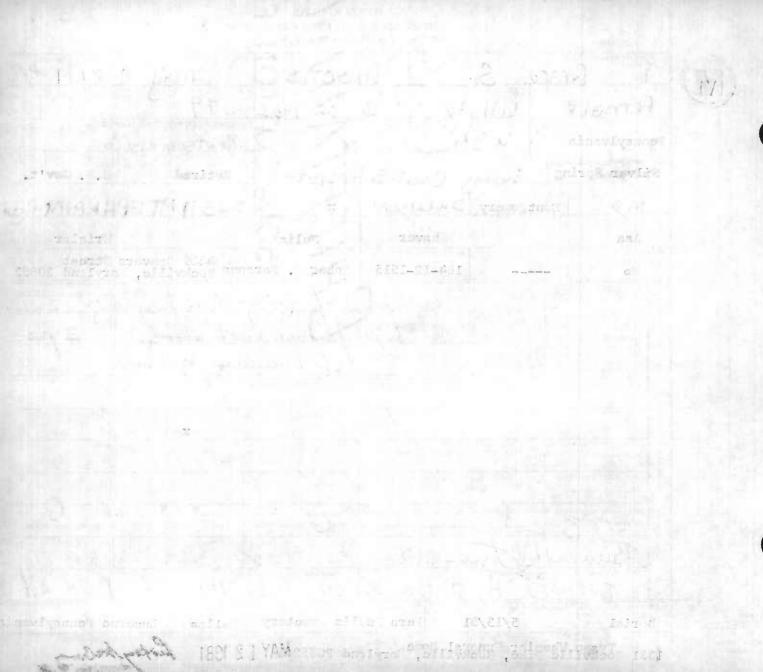
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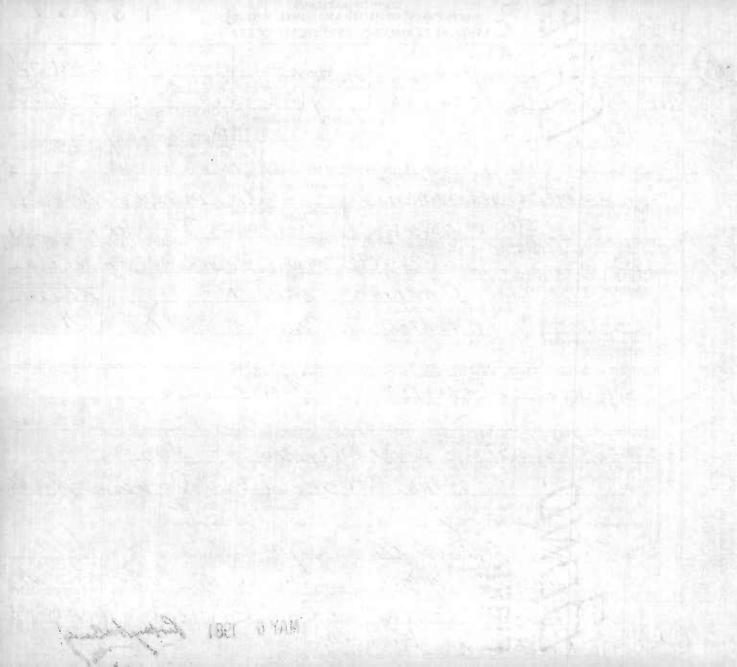


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1.	FOR STATE REGISTRAR				STATEMENT OF I	HEALTH		NTALH	-		REG. N	3	1	õ	6
	ECEASED NAME (PE OR PRINT)	Gary		WIDDLE		Р	endle			OF	KNOWN ESTI- MATED [	<ul><li>✓ MONT</li><li>✓ 5</li></ul>		YEAR 1981	2b HOUR
3. SE	ile	Black	5. DATE OF BIRTH MONTH DAY 12 18	YEAR 52	6 AGE (IN YEA LAST BIRTHDA 28 YR	Y) MONTH	DER 1 YR.	HOURS	24 HRS. 2 MIN. P	RONOUN DEAD	ICED .	MONTH 5		YEAR . 71981	1 P M
7a. E	SIRTHPLACE (STA	TE OR	76. CITIZEN OF WE			8. MARRIE	D X NEV		ED 🔲		ORE CITY		INTY OF	DEATH	
10. 0	akoma Pa	erk	USA  11. NAME OF HOSI (IF NOT IN SUCH FACE Washing't	on Ad	ventis	t Hos	ER INSTITUT	DIVORCE	12a. USU		GOMER PATION (TY KING LIFE)			IND OF BU OR INDUSTR	MD. ISINESS RY
13a.	Md Md	13b. COUNT		13c. CITY	or town			NO 🗌			ss pel A	Ave			
	William	EVER INVESTIGATION		ndlet		NO	15. MOTHER FIR Eli	zabet	th	M	IDDLE		arne		
160.	YES, NO, OR UNKNOW	EVER IN U.S. ARM	VAR OR DATES)		44 530				ende	elton	ADDRES 540		45th	1003 St.	- ·
NO	gove rise couse (o) s lying couse		(b)	AS A CON	ISEQUENCE C	F	OR CONDITION	GIVEN IN PAR	RT Tiol.						
CERTIFICATION	190 DATE OF C	PERATION	196 CONDIT	ION FOR	WHICH OPER	ATION WA	AS PERFORM	AED?						AUTOPSY?	NO []
	210. EXTERNAL UNDERLYING CONTRIBUTING		216 TIME OF HOUR XX.	MONTH	DAY YEAR 27 <sub>19</sub> 8	21c HC	subje			ATURE OF IN	URY IN ITEM 1	8 PART ) OR			
MEDICAL	216 INJURY OC WHILE AT WORK	CURRED NOT WHILE AT WORK	21e PLACE C	OF INJURY	(AT HOME	211 LOC	REET	adeip	ohia	Ave.,	Tako	oma F	ark,	, Mon	+.,statMo
	22a I certify deoth resulted ACTUAL SIGNATURE	that I took charge from: Natura	of the remains described courses	Accident	, Sui			y Chi	Undeter		onner   AINER			5/28,	/81
23a.I		ON, REMOVAL 23		23c. N	airlaw:	ETERY OF	CREMATO		Fai	riown	n	CC	OUNTY	N. J.	ATE
	UNERAL DIRECT	OR	F.H. 19				2.		EC'D. BY		R 25b RES	STRAR'S	SSIGNAT	TURE	

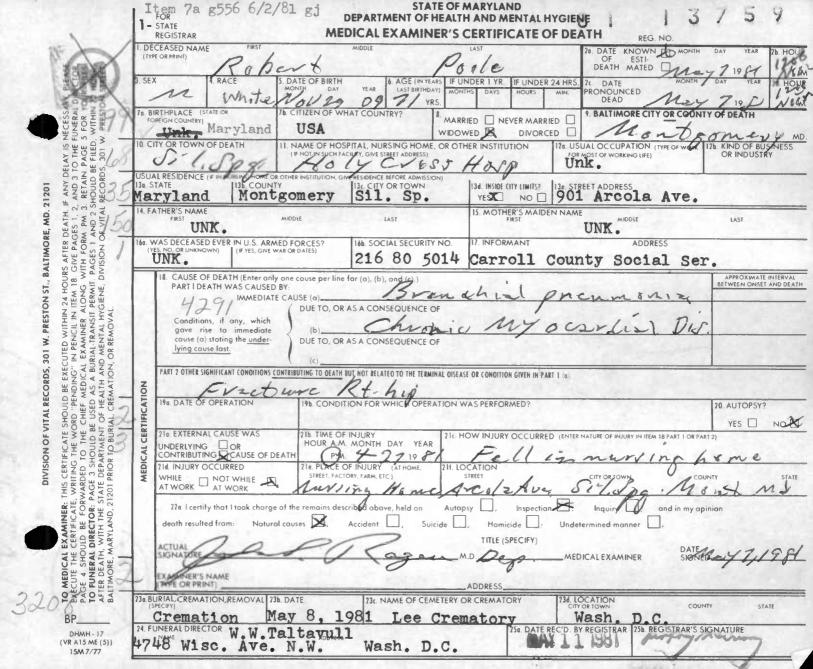
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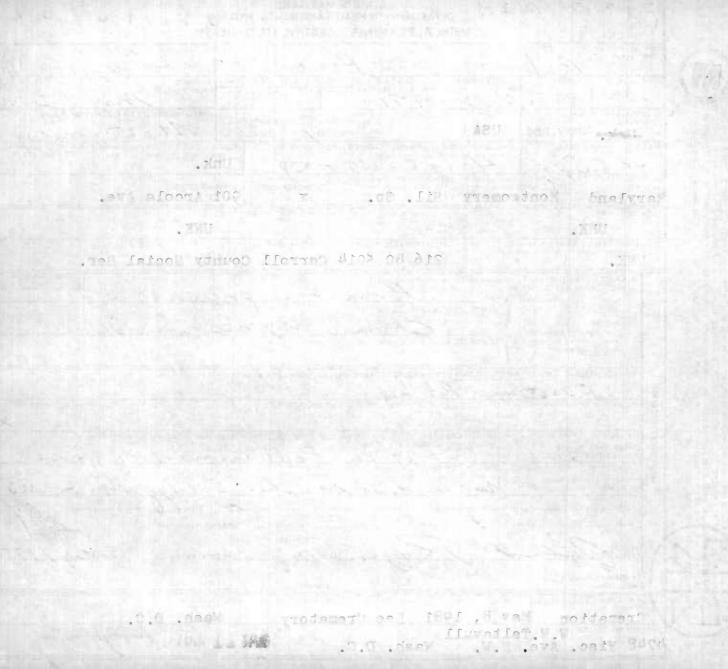
X	1		STATE OF MARYLAND	1 1 1
	1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIERE	1 3 1
	11-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
	1 05		KEO. NO.	
(88)		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH OF ESTI-	DAY YEAR 26. HOUR
-U 29470 J	1	John	DEATH MATED	3 1981 284
3,6,35,60	D. 56	R RACE	S. DATE OF BIRTH 6. AGE (IN YEARS   IF UNDER 1 YR.   IF UNDER 24 HRS.   20 DATE MONTH	DAY YEAR 2d HOUR
元の子を持	1		MONTH DAY YEAR (LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	24
DON NOUS NO	1 V	n IV	12 28 24 56 YRS / DEAD 5	3 18/23/M
VECESSARY UNERAL DIR 5 FOR YOUR WITHIN 72 PRESTON	72. 1	INTERPLACE INTARGE	76 CITIZEN OF WHAT COUNTRY?	
SHOPE	1 1	MEICH COUNTY	MARRIED NEVER MARRIED	
	4	1191	4. S. A. WIDOWED DIVORCED Wonterners	MD.
X IS SOLVE S	10 C	ITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (179E OF WORK (18 NOT IN SUCH FACALITY, GIVE STREET ADDRESS)	12b. KIND OF BUSINESS OR INDUSTRY
A PALES		2 anh silla		
IF ANY DEL	MSII	AT RESIDENCE HEIN NURSING HOME	Shady Grove Advenist Hospital Concrete Timisher	
ANY DE AND 3 T RETAIN FOULD 8 FCORDS		TATE 1136 COU	NTY 134, CITY OR TOWN 134, INSIDE CITY LIMITS? 13e, STREET ADDRESS	
Z1201		mh mo	WIE OMER GATTHERS BURG YES NO 1 8103 MORNING	VIEW DI
22. 23. 33. 34. E. III	14. F.	ATHER'S NAME	15. MOTHER'S MAIDEN NAME	
R DEATH. III. R DEATH. III. RAM PASS 1, 2. IRAM PASS 3, 0. ONUTAL	4	FIRST P. C	MIDDLE LAST FIRST MIDDLE	and DA
AN SES	1	7,455	SEIL FlumMER GRACE E. MO	DRE +Kg
MORE, PAGE: PAGE: PAGE: PAGE: PAGE:		WAS DECEASED EVER IN U.S. A		1933 KAYLONSUL
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TON ST., BALTIMORE, 124 HOURS AFTER DE ITEM 18 GIVE PRARE ITEM 19 GIVEN WITH FORM PERMIT. PAGES 1 AN GIENE, DIVISION OF L.	=	160		TI IN INICE
. DOUR	10	PART I DEATH WAS CAUS	only ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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SIT A PA		Canditions, if any, which	16.00	VVr
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REAL REPORT		cause (a) stating the unde	DUE TO, OR AS A CONSEQUENCE OF	A 11 A 1
301 W. P CUTED WI IN PENC IL EXAMIN URIAL-TRA ID MENTA I, OR REM		lying cause last.		
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A A S S S S S S S S S S S S S S S S S S	-	PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
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ITAL RECEIVED AND THE	A	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
ITAL RI SHOULI ORD "PI CHIEF OF HE	1 2	_		YES NO
S CERTIFICATE SHOINING THE WORD THE CHIE E 3 SHOULD BE USE DEPARTMENT OF PRIOR TO BUILD.	E			
OF V		210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY  121c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PA  HOUR AM. MONTH DAY YEAR	RT 2)
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######################################		death resulted fram: Na	tural cases, Accident, Suicide, Hamicide, Undetermined manner,	/
EXAA CCERT OILD WITH AMPT			TITLE (SPECIFY)	1/10
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DICAL FETHE FETHE PEATH, CORE, M	-	SIGNATURE TELLS	M.D. MEDICAL EXAMINER	SANV.
GH + M 12 O	1	EXAMINER'S NAME	C MARIE STATISTICS	TILLY MA
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Surial 5/20/01 Parking Nemorial Park Bockville, Naryland





			FOR Home 5/11, STATE HOME 5/11, REGISTRAR CEASED NAME FIRST	/01 FC	MIDDLE		ALTH AND MENTAL HYC CATE OF DEATH	REG. N	IO.	Y YEAR 2b HC	OUR
y be ge 3 death			OR BRINES	EPH		701	PE	Ta. DATE OF BEATT	5-6	- 81 2b. HQ	66
Page 4 máy be director, page holis otter deat		3. SE	nale	Cau		S DATE OF	BIRTH DAY YEAR 3	6. AGE (IN YEARS LAST BIR	YRS	UNDER 1 YEAR IF UND	
unerol	15	P	RTHPLACE (STATE OR FOREIGN DUNTRY)	USA	WHAT COUNTRY?	MARRIED WIDOWEE	DIVORCED [		omer	y Count	4
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in 24 hor ly filled in should be	35	13a. S		atomgery	13, CITY OR TOWN	N	13d INSIDE CITY LIMITS? YES NO 🕱	13e STREET ADDRESS 12023 Vie	rs Mill	Road	
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n ond co	)		VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	160 SOCIAL SECU		Bertha Pope/	wife Come	Tulare	Dr. Wheaton.	N
quires that the death cer signed by the ottending hen please remove carba or buriol, cremation, or re	ory, or uner number of	No	Conditions, if any, which gove rise to immediate cause 101, stoting the underlying couse last	(b)	OR AS A CONSEQUE  OR AS A CONSEQUE  ONTRIBUTING TO D	NCE OF	OT RELATED TO THE TERM	NINAL DISEASE OR CON	NDITION GIVER	J MG	
he low recon. has been t permit. If ene prior t	7	CERTIFICATION	19a date of operation	196 COND	DITION FOR WHICH	OPERATION	WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, IN CERTIFY! YES	WERE FINDINGS US NG CAUSES OF DEA	AT
HYSICIAN: The Inding physician.  Is certificate has burial-transit per burial-transit per period of the period of		MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEETHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PAR	T 1 OR PART 2)	
attending the this by the bud M hand M	I Veca of	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn	COUNTY	\$1
Spitol or CTOR: A I for use of Healt	SIII SI 171		saw the deceased olive obove, (I) (and	an I MC	19	3 M	that in (my) (aprinion	, tod death occurred on the c	lote ord hour	, that (1)	
by the has by the has ERAL DIREC de detoched State Dept.			226 SIGNATURE	109	2/0	x h		MEDICAL STA	AFF CIAN []	May 981	D
HOSI Dined FUN Ould b			Walter Goo:		0	)	2309 Shoref	ield Rd., W	heaton	Md.	
BP	_	23a. E	BURIAL, CREMATION, REMO SPECIFY! Burial	May 1	981 Gr	CENTOC	METERY OR CREMATORY  d Memorial P	ark, Lower	Burrel	Penna.	STA
DHMH - 16 50M 1/76 (VR A 15 (4))		24 F	UNERAL DIRECTOR NAME  Capitol F	meral Se	ADDRESS F	airfax		E REC'D. BY REGISTRAF	20	AR'S SIGNATURE	

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April / April Dest Prode on Cay Amplemon, D.C.
Donosh Abroar's tone, Enc.
DESC Arc. - Ye. I. - Hall., D.C. 20016 Louist DESC Control

Silver Spring, Md.

FOR

REGISTRAR

DECEASED NAME

24 FUNERAL DIRECTOR

W. W. Chambers Co.

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG NO.

YEAR

Barrett

YES IN

COUNTY

22c. DATE SIGNED

May 5 1981

1981

IF UNDER 1 YEAR

2b HOUR

12b. KIND OF BUSINESS OR

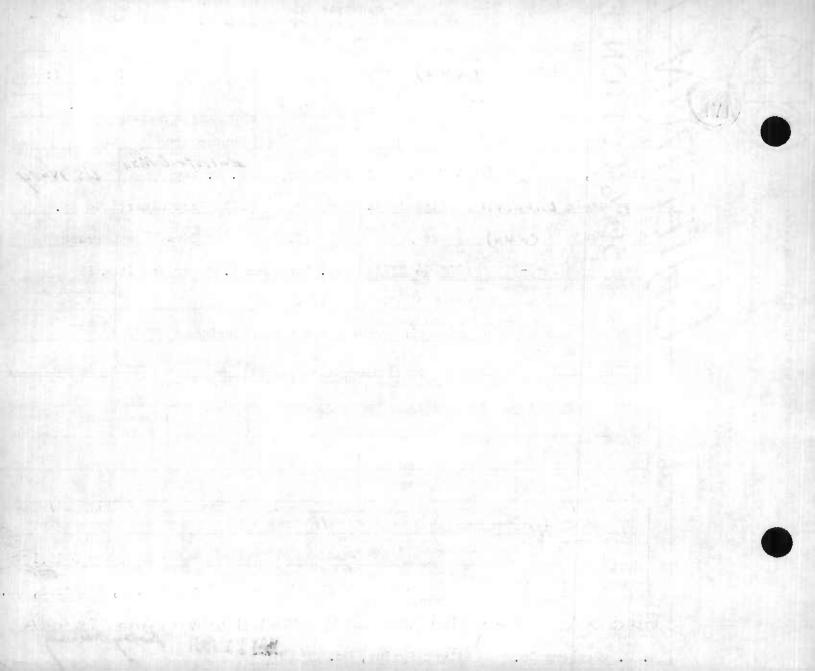
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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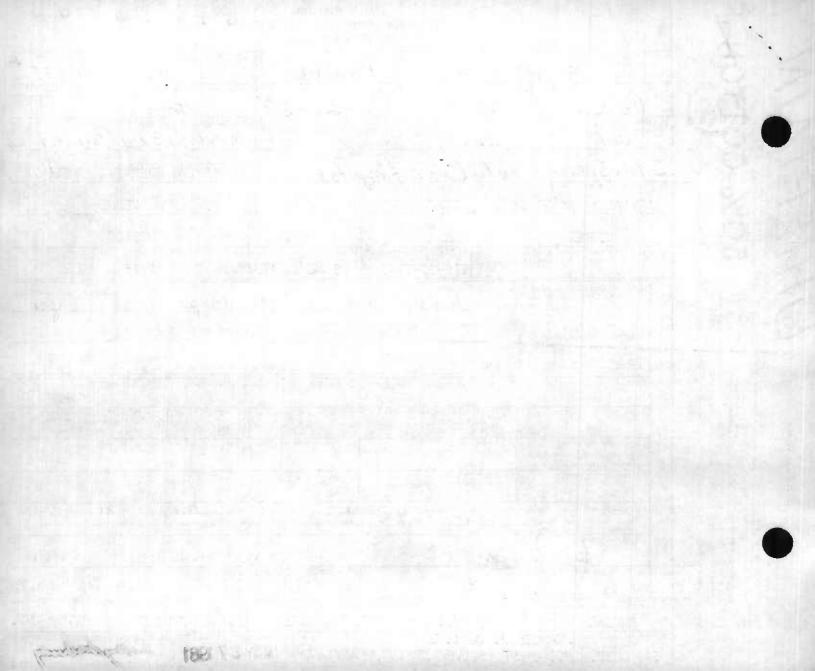
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20 DATE OF DEATH

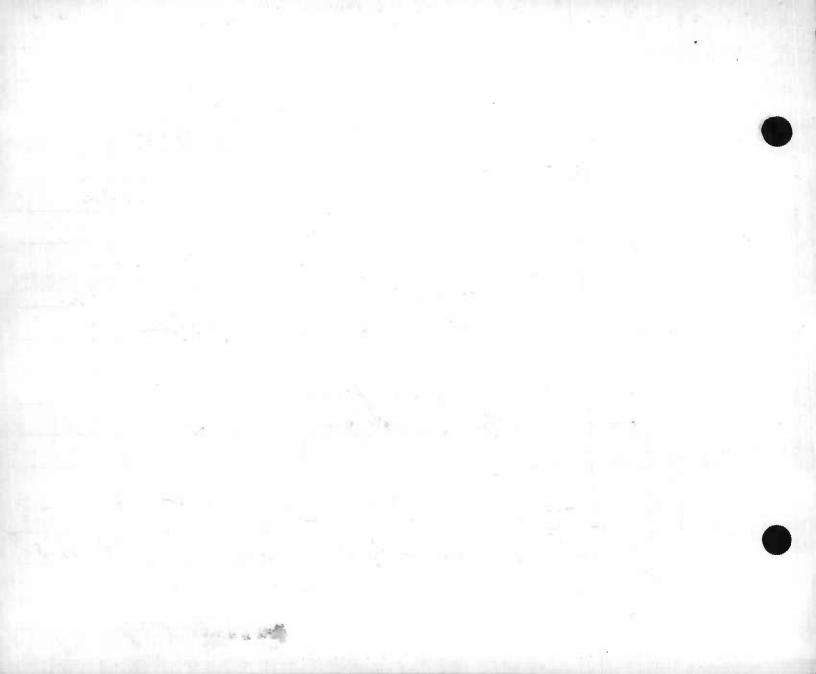


500 UNIV. BLVD., WEST. SILVER SPRING, MARYLAND

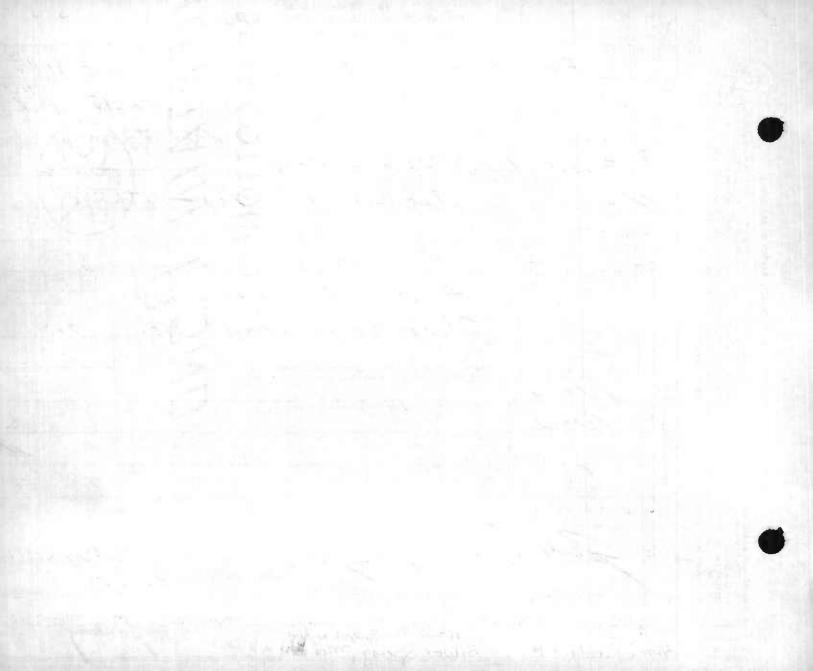
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26	1,	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIEDE 1 3	6 6
10	'-	- STATE REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
710		DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DAY OF ESTI-	YEAR 2b. HOUR
EN MANUSE		Francis Bernard Raffo DEATH MATED MEXIS	1981 11 PM
STATE OF STA	3. SE	SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD  AND LAST BIRTHDAY) PRONOUNCED DEAD  AND LAST BIRTHDAY) PRONOUNCED DEAD  AND LAST BIRTHDAY PR	YEAR 2d HOUR
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W 10 10 10 1		Work P. C. MICA WIDOWED CONODERS CO.	LYY MD.
PAGE 5 FRIED.	10 C	CITY OR TOWN OF DEATH , II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE WORK 120 KI	ND OF BUSINESS
20 A B B C / T		Wash, Star Pressman R	
AD. 21201  AD. 21201  2. AND 310 THE FULL  3. RETAIN PAGE 5 2. SHOULD BE FILED  AL RECORDS, 201 W		SUAL RESIDENCE (IF IN NURSING YOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  6. STATE  13c. CITY OR TOWN  13d. INSIDE (ITY LIMITS?  13e. STREET ADDRESS  15d. A 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*/
AL 32.	14. F.	FATHER'S NAME	
T., BALTIMORE, MD. 2  JURS AFTER DEATH IF  B. GIVE PAGES 1, 2, P  WITH FORM PM 3, I  WIT PAGES I AND 2 SH  S. DIVISION OF VITAL R	1	Frank Raffo  LAST FREST MIDDLE Ruth Turner	LAST
PAG	160.	10. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES)  16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
ALT AND AND AND AND AND AND AND AND AND AND		Yes WWII 578 18 6401 Floring Raffo) Wife) Same as above	
ESTON ST., BALIN N 24 HOURS AF IN ITEM 18. GIVE ALONG WITH I SIT PROMIT. PAG SIT PERMIT. PAG MY VGIENE, DIVISION MOVAL.		18. CAUSE OF DEATH (Enter anly one cause per line for (g), (b), and (c).)  PART I DEATH WAS CAUSED BY:  1291 IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU RITING THE WORD "FENDING" IN PENCIL IN 16M 18 RDED TO THE CHIEF MEDICAL EXAMINER ALONG W RESTANGULD BE USED AS A BURIAL, TRANSIT PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, I OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.  (b) Chymichyrocca Volal (3) (5)  (b) Chymichyrocca Volal (3) (5)  (c)	Yrr
RECORDS. D BE EXECTENDING. WEDICAL AS A BUI CREMATI	2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
L RECORD ULD BE EX PENDIN FF MEDIC ED AS A E HEALTH /	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	AUTOPSY?
₹ 58 £ 25 € ×	1	/Vorc	YES O NO
CATE WENT THE WENT TH	II CER	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING OR COURS OR HOUR A.M. MONTH DAY YEAR	
245A8±	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19  21d INJURY OCCURRED  WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN  COUNTY	STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STA		. death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .	
AL EX. AL DUID TH, W		ACTUAL SIGNATURE DATE SIGNATURE SIGNATURE SIGNATURE SIGNATURE	4161987
WEDIC CUTE IS TONERS TANDERS	-	EXAMINER'S NAME John Rogers  ADDRESS 1919 Seminary Rd. S.S.Md.	
PAGE AFTE	23a.B	In RURIAL CREMATION REMOVAL 12th DATE 12th NAME OF CEMETERY OR CREMATORY 1236 LOCATION	
BP		Burial 5/18/81 Ft.Lincoln Cemetery Brentwood PG	Marvland
5500 DHMH-17	24 F	4 FUNERAL DIRECTOR  ADDRESS 11800 New Hamphire Align Date REC'D. BY REGISTRAR 256 REGISTRAR'S CIGNAL  ADDRESS 11800 New Hamphire Align Date Rec'D. BY REGISTRAR 256 REGISTRAR'S CIGNAL  ADDRESS 11800 New Hamphire Align Date Rec'D. BY REGISTRAR 256 REGISTRAR'S CIGNAL  ADDRESS 11800 New Hamphire Align Date Rec'D. BY REGISTRAR 256 REGISTRAR'S CIGNAL  ADDRESS 11800 New Hamphire Align Date Rec'D. BY REGISTRAR 256 REGISTRAR'S CIGNAL  ADDRESS 11800 New Hamphire Align Date Rec'D. BY REGISTRAR 256 REGISTRAR'S CIGNAL  ADDRESS 11800 New Hamphire Align Date Rec'D. BY REGISTRAR 256 REGISTRAR'S CIGNAL  ADDRESS 11800 New Hamphire Align Date Rec'D. BY REGISTRAR 256 REGISTRAR'S CIGNAL  ADDRESS 11800 New Hamphire Align Date Rec'D. BY REGISTRAR 256 REGISTRAR'S CIGNAL  ADDRESS 11800 New Hamphire Align Date Rec'D. BY REGISTRAR 256 REGISTRAR'S CIGNAL  ADDRESS 11800 New Hamphire Align Date Rec'D. BY REGISTRAR 256 REGISTRAR'S CIGNAL  ADDRESS 256 REGISTRAR'S CIGNAL  ADDR	
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO Joseph DECEASED NAME 2h HOUR LIVPE OR PRINTS 3 SEX (IN YEARY LAST BIRTHDAY Male. 24 Dec 1907 White 73 To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D.C. U.S.A. MONIGOMERY DIVORCED [ WIDOWED 11. NAME OF HOSPITAL NURSING HOME OF OTHER 12h KIND OF BUSINESS OF Tech. Eng, U.S. Govt HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS Silver Spring Mary Land 13e STREET ADDRESS Montgomery Road 15. MOTHER'S MAIDEN NAME Adolph G. Ramisch LAST Terese Eisler 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. 17 INFORMANT Eileen L. Ramisch / Wife/ same as 13e (IF YES, GIVE WAR OR DATES) 578-40-1139 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: KESPIRATORY IMMEDIATE CAUSE (0)\_ DUE TO, OR AS A CONSEQUENCE OF CHRONIC GBSTRUCTIVE PULMENARY DISEASE gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost ARGMOWITIS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21f. LOCATION 21s PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM ETC ) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not view the body after death. 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY

Parklawn

11800 New Hampshire Ave

Silver Spring, Md.

Cemetery

Rockville Montgomery Maryland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

5-18-81

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL Established by the State D

Burial
24 FUNERAL DIRECTOR

Hines/Rinaldi F.H.

Mentol Hygiene

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Jaca. Mar. U.S. Goya Editologic Semigorary Gilver Soulne at 2 Selmont Rond In SOME SHOOT 578-40-1139 Effean L. ordoch? Wife/ none on 13g or Hurial 2-18-61 Tardlern Vanetary oc. ville contgouery Maryland 11800 yew Enmosbire Ays Hinos/Hitselff E.H. Silver Spring, day FOR

STATE OF MARYLAND

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STATE OF MARYLAND

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	1-	STATE REGISTRAR			S CERTIFICATE		REG. NO.	
		CEASED NAME FIRST	MIDDLI		IAST.	2a. DATE OF	KNOWN MONTH	DAY YEAR 26. HOUR
A S. S. F. F.		(N1/1)	5. DATE OF BIRTH	MER /	Taymo		MATED PAR	4 4 19 F1 1 1 M
PEASE RECTOR R FILES, HOURS STREET	3. SE		MONTH DAY YEA	R LAST BIRTHEAT	FUNDERTYR. IF UNDE	R 24 HRS 2c. DAT PRONOU DEA	NCED MONTH	DAY YEAR 2d HOUR
A A L DIL	70.8	IRTHPLACE (STATE OR	76. CITIZEN OF WHAT CO					TY OF DEATH
IS NECESSARY, PLEASE FUNKRAL DIRECTOR E. 5. FOR. YOUR FILES, ED, WITHIN 72 HOURS I. W. PRESTON STREET,	FC	OHIO	1150	MA	ARRIED   NEVER MARI	RIED	100	
	ID. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME, OR			JPATION ITYPE OF JORK	126 KIND OF BUSINESS OR INDUSTRY
DELAY IS TO THE! N PAGE OBE FILED		Kensingto	(IF NOT IN SUCH FACILITY, GI	ales &	rord Dr	ADMINIS		CARE
	13a. S	AL RESIDENCE (IF IN NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDE	ITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDR		c 1 h
SHOULD SH	1	not h	long. K	enving	YES NO [	3916	wext	tord UV.
DEATH. DE	14. F	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAID		MIDDLE	LAST
A A A G E A A A A A A A A A A A A A A A		STANLEY WAS DECEASED EVER IN U.S. AR	AED FORCES? 16b. 5	RAYMAN SOCIAL SECURITY NO.	JANE 17. INFORMANT	T M	ADDRESS	GRAHAM
ITON ST., BALTIMORE, MD. 21201 24 HOURS AFTER DEATH. IF ANY DELAY I ITEM IB. GIVE PAGES 1, 2, AND 3T OT IT ALONG WITH FORM PM 3. RETAIN PAGE TORKMIT. PAGES 1 AND 2 SHOULD BE FI YGIENE, DIVISION OPWIAL RECORDS, 2 OVAL.	- LA	ES, NO, OR UNKNOWN)   IF YES, GIVE	- 1949 30	2-22-373	3 ABBY WAS	SERMAN	4827 FLA KENSINGT	NDERS AUE.
URS BIR G		18 CAUSE OF DEATH (Enter on	y ane cause per line far (a),	, (b), and (c).)		/	, INDIVIDUAL OF THE PARTY OF TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON S. DNG DNG ERM HENE		PART I DEATH WAS CAUSED	E CAUSE (a)	cute	hen	LOVVV	rage	
W. PRESTON O WITHIN 24 H ENCLI IN ITEM MINER ALON - TRANSIT PER ENTAL HYGIEN OR REMOVAL		Canditions, if any, which	DUE TO, OR AS A C	ONSEQUENCE OF			0	
I W. PR ED WITH PENCIL AMINE AMINE FOT TRAN	-	gave rise to immediate cause (a) stating the under-	(b) DUE TO, OR AS A C	CONSEQUENCE OF	75TU-			
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DIVISION OF T S CERTIFICATE RITING THE WRDED TO THE EX 3 SHOULD B T DEPARTIMEN	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJU	JRY JATHOME. 211.	LOCATION STREET	CITY OR TO	75 7 900	DUNTY - STATE
DIVISION OF VITAL BY  TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE. WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF H BATTIMORE, MARYLAND, 21201 PRIOR TO BURAL,	2	AT WORK AT WORK	He	me G	vex tox.	1pr		ersint state
AATE, T ORW OR: P HE ST ND, 33		22a I certify that I taak charg	e of the remains described		utopsy , Inspection	an , Inquiry	, , and in my o	pinian
BE FINE		death resulted fram: Natur	al causes . Accide	ent , Suicide	Hamicide	Undetermined n	nanner .	
MARY WAR		ACTUAL /	00	7	TITLE (SPECIFY)		DATE	11. 151081
SHC SHC		SIGNATURE		1000	1.0	MEDICAL EXA	MINER SIGN	1347/11
GENTLE OF THE PARTY OF THE PART	100	EXAMPLER'S NAME (TYPE OR PRINT)	HN S.	ROGERS	ADDRESSSu	WEN SPR	ING, MA	RYLAND
2 6 2 4 5 4 8 _	1	SPEC (FY)		3c. NAME OF CEMETER		23d. LOCATION		UNTY STATE
BP		CREMATION UNERAL DIRECTOR	MAY 6,1981	CEDAR HIL	L CREMATOR	4 SUITE	AR 256 REGISTRAR'S	
DHMH - 17 (VR A15 ME (5))	4	NAME	ADDRESS	2W00 N# . =	MAY	1 % 1981	AN INDICOSTRARS	SIGNATURE
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May

Demaine Funeral Homes, Inc. Alex. Va.

FOR

REGISTRAR

Burial

DHMH - 16 50M 1/81

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

17h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RETIRED USAF 2612 POPKINS LANE 2612 POPKINS LN. ALEXANDRIA BETWEEN ONSET AND DEATH 18 mo 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE 25 May that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED 25 Man 8 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Alexandria. Vail. 27 1981 Mount Comfort Cemetery 254 DATE READ, BY NEBUS TRAR 256 REGISTRAR SIGNATURE ... 22314

REG NO

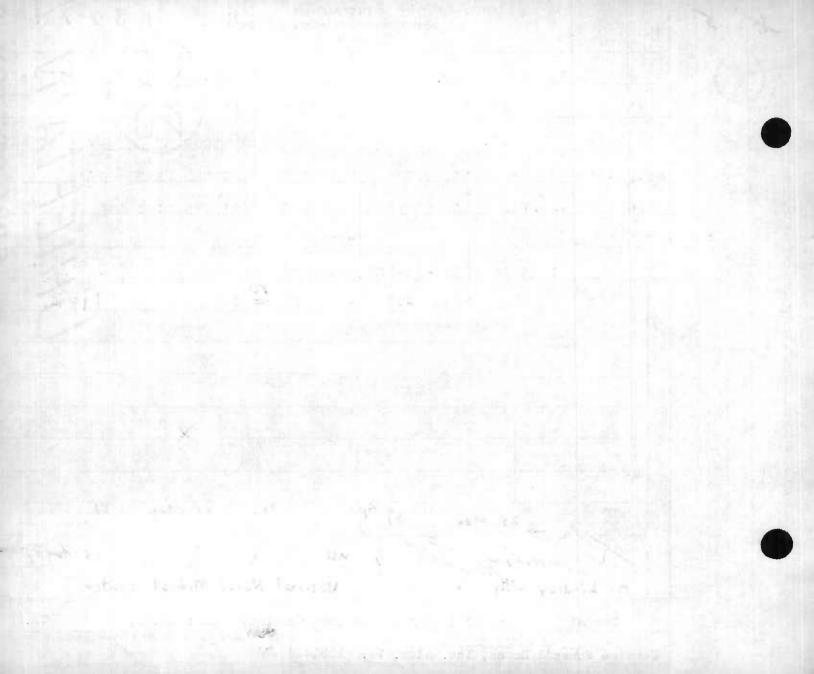
YEAR

IF UNDER LYFAR

75 HOUR

1104am

IF UNDER 24 HRS



R 1		STATE Item: REGISTRAR G5			EDICAL EXAM		H AND MENTAL CERTIFICATE		REG. NO.		file.
was in		CEASED NAME E OR PRINT)	FIRST	. 434	MIDDLE	DE	LAST	OF	ESTI- H MATED	5-9- 1981	26 HOUR
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5c	Ow	THER'S NAME FIRST En Reede		MIDDLE	LAST		15 MOTHER'S MAI		MIDDLE	LAST	
	Ye:	VAS DECEASED EV ES, NO. OR UNKNOWN)		WAR OR DATEST	313-28-0		Naomi R.	Smith Hy	ADDRESS 7	7920 Riggs Le, MD 2078	Rd.
DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION I PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z	Conditions, gove rise cause (a) sto lying cause le	if any, which to immediate iting the <u>under</u> - last.	(b) DUE TO, C	Arterioscl  OR AS A CONSEQUEN  OR AS A CONSEQUEN  HE BUT NOT RELATED TO THE	CE OF			sease		
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3		210. EXTERNAL C UNDERLYING CONTRIBUTING	OR			EAR 21c	HOW INJURY OCCUR	RED LENTER NATURE OF	INJURY IN ITEM 18 PART	YES X	NO []
	MEDICAL		TWORK		E OF INJURY (AT HOMI ACTORY, FARM, ETC.)	211 L	OCATION STREET	CITY OR T	rown	COUNTY	STATE
7		22a I certify the deoth resulted for ACTUAL SIGNATURE	-	e of the remains d	Accident .	Suicide	Hamicide TITLE (SPECIFY)	nt MEDICAL EXA	manner .	DATE 5-10-	81
BALTMORE, MARYLAND, 21201 P		EXAMINER'S NA (TYPE OR PRINT)	Marg		Korell, M		T. ID DIE CO.	1 Penn St			
Ŋ	23a.BI	Buria		35. DATE 05-15-81	Lincol	Memo		23d LOCATION CITY OR TOWN Suitlan	d. MD		TATE
		NERAL DIRECTO	eral Ho	ADDRE	2205 Shin Arlington		on Rd 250. DAT	E REC'D. BY REGISTI	RAR 256. REGISTR	RAR'S SIGNATURE	7

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020	emale	white	3. DATE OF BIRTH	O'T	6. AGE (IN YEARS IF U (AST BIRTHDAY) MOR 80 YRS.	JNDER 1 YR. IF UNDER	24 HRS. 2c. DAT MIN' PRONOL DEA	INCED .	NTH DAY YEAR	2d HOUR
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EN S Ro	ckvill	e	Shady	Grove STR			FOR MOST OF WO	JPATION (TYPE OF W DRKING LIFE) Nemaker	ORK 12b. KIND OF B OR INDUS	USINESS TRY
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\$50	THER'S NAME FIRST Frank /AS DECEASED I	EVER IN U.S. ARM	MED FORCES?	Pet	ts AL SECURITY NO.	15 MOTHER'S MAIDE FIRST SUSAN		izabeth ADDRESS	Totten	
PAGE	NO. OR UNKNOW!		y ane cause per line		-34-5068	Raymond M	l.Riley (	same as 1	3e)	E MITERVA)
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STATE DEPARTMENT OF HE, 21201 PRIOR TO BURIAL, OF THE CONTROL OF THE CATEFICAT MEDICAL CERTIFICAT	UNDERLYING	OR CAUSE OF D	HOUR AMA	MONTH	2 19 8 21f. LG	Fall of STREET  5901 RIVE	HENTER NATURE OF IL	OWN LOVI'lle	COUNTY	M d
2 2 4	22a. I certify death resulted		e of the remains desc	Accident	e, held an Auto Suicide	psy , Inspection, Hamicide ,	Inquiry		ny apinian	
AFTER DEATH, WITH BALTIMORE, MARYL	ACTUAL SIGNATURE	8	John B	Ba	pe	M.D. Jopel 4	MEDICAL EXA	MINER SI	ATE May 1	8,1981
PAFIER DA 230 BO	EXAMINER'S NO CTYPE OR PRINT JRIAL, CREMATIO	ON, REMOVAL 23	D.C. 11.1. 12.1. L	BALL 123: NA	AME OF CEMETERY		Old Georg	etown Rd.	,Bethésda	,Md.
24 FL	Burial INERAL DIRECTO	Rober	May 21,19 t A.Pumph	81 Dar	rnestown I	resby.Cem.	Darnes	town Mont	county  g Mary 1  R'S SIGNATURE	and
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26 HOUR DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) Rober (O PINM 3. SEX RACE DATE OF BIRTH IF UNDER I YEAR HOURS - 10-34 I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 7. Va IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INDUSTRY lakoma Adventist Hospital Salesmantondamo 136. CITY OR TOWN A COLD 13d. INSIDE CITY LIMITS? 13e, STREET ADDRESS MD 806 Krekee YES T 4 FATHER'S NAME Charles 15 MOTHER'S MAIDEN NAME MIDDLE ROY Robey MIDDLE MALL 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) Donna Jean Robey/wife/same as 13 No Yes 217 30 1745 18 CAUSE OF DEATH Enter only one couse per line for PART I. DEATH WAS CAUSED BY: HMMEDIATE CAUSE couse (o), stoting the DUE TO: OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 NATE OF OPERATION % CONDITION FOR WHICH OPERATION WAS PERFORMED 7th IF YES, WERE FINDINGS USED 78s AUTOPSYT N. GERTIFYING CAUSES OF DEATHY NO C THE ACCIDENT WAS UNDERLYING 716 TIME OF INJURY THE HOW INJURY OCCURRED. ( (ATER MATURE OF HILLIES INVESTIGATED AND THE PART I ON PART ION PA 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL OF EITHER NOTIFY MEDICAL ERAMINERS PAA THE INJURY OCCURRED TH LOCATION He PLACE OF INJURY AT HOME STREET FACTORS OFFICE FARM ETC. CITE OF TOWN COUNTY STATE WHILE D NO WHILE D 22s I certify to opinion death occurred on the date and hour and from the cooles stated DEGREE MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 12s ADDRESS Lewis H. Dennis 831 University Blvd., E., Silver Spring, Md. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) May 26, 1981 Camp Hill Cemetery Paw Paw. West Virginia STATE Burial 24 FUNERAL DIRECTOR DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE HMH - 16 50M 1/81 NAMECapitol Funeral Serviceopress Fairfax, Va. (VRA 15, 4)

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la	10. C	TY OR TOWN	OF DEATH		F NOT IN SUCH FA				ER INSTITU	ITION		JAL OCCUP		E OF WORK	12b. KIND OF I	BUSINESS
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-	14. F/	THER'S NAME		MIDE	OLE		LAST		15. MOTH	ER'S MAID	EN NAME	MIC	DLE		LAST	
	/		UNKNOU								DELIA				LEONAR	2D
1	16a V	VAS DECEASE ES, NO, OR UNKNO	D EVER IN U.	S. ARMED F		16b. SOC	IAL SECURI	TY NO.	17. INFOR	MANT			ADDRESS	5		
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Я	7	PART 2 OTHER SI	GNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH	BUT NOT RELA	TED 40 THE TER	MINAL DISEASE	OF COMPILIO	IN GIVEN IN P	ART 1 (0).	7	#1	100	007	( <del>-</del>
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STATE OF MARYLAND

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FOR

REGISTRAR

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Montgomery 12b. KIND OF BUSINESS OR YPE OF WORK FOR MOST OF WORKING (IFE)
Housewife INDUSTRY at home 712 Horton Dr. LAST ADDRESS same as item 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH resection 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated 22r. DATE SIGNED DIRECTOR PHYSICIAN STATE Mt. St. Mary's Cemetery Flushing N.Y. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

REG. NO

5.50 A

IF UNDER 24 HRS

IF UNDER I YEAR

DAYS

DHMH- 16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR

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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

FOR STATE REGISTRAR			EALTH AND MENTAL HYO	GIENE O REG. N	10	3/	8 2
DECEASED NAME (TYPE OR PRINT)	WIDDLE	Co.	SAPOVNIK	20 DATE OF DEATH	5 - 2		26 HOUR M
FEMALE	4. RACE WHITE	S. DATE C		6. AGE LIN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
RUSSIA	76 CITIZEN OF WHAT CO		NEVER MARRIED	9 BALTIMORE CITY O	CCOUNTY C		MD.
Siller Spring	13. NAME OF HOSPITA	GIVE STREET ADDRESS)	PROTHER INSTITUTION	12a USUAL OCCUPAT	10(4)	126. KH D O	F BUSINESS OR
	INTY I DE CITY		YES NO [	13e. STREET ADDRESS 7401 WE	STLAKE	TERRA	CE
JOSEPH	GOO	DMANOVICH	CEIL (MS)	woou.	7	GAREL	1
NO DECEASED EVER IN U.S. A	INE WAR OF DIAPES!	-18-8084	MRS. DEBORA	H BEISER PO	605 STE	MARVI A	CHASE WA
Conditions, if any, which gave rise to immediate coose (a), sharing the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	NASEQUENCE OF	Duisy abderning			48	hy.
THE ACCEPTATION	A PAR CONTRACTOR	R WHICH OPERATION	- All Indiana	18e AUTOPSY? YES □ NO[X	[286 IF YES, 1	WERE FINDIN	GS USED
APPLICATION OF CONTRIBUTION OF	P.M. 21s. PLACE OF INJUS	NTH DAY YEAR 19	2H. LOCATION	RED Jewier wature or must		COUNTY	MAIL
278. I certify that (i) this has sow the decented affect on the colored affect of the co	71/22	A Pro	21081	death occurred on the de	15	o <mark>8/</mark>	that (I) Color
228 PHYSICIAN'S NAME LIVE	on of of	enem	AMM ATTENDING	DIRECTOR DENYSIG		S/2	201

BURTAL

731 NAME OF CEMETERY OR CREMATORY

KING DAVID MEMORIAL GARDEN FALLS CHURCH, VIRGINIA

5/24/1981 24 POONALO MR STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C. # / I = - 1 12 11 11 11 James Johnson . Let you sould globe groups well in A recommend to the state of Delparat william of them 

Julià M. Sago  Junià	STATE   REGISTRAR   MEDICAL EXAMINER'S CERTIFICATE OF DEATH   REG. NO.	REGISTAR   MEDICAL EXAMINER'S CERTIFICATE OF DEATH   REG. NO.	1						OF MARYL							
DECEASED NAME	DECEASED NAME	DECEASED NAME (INFO MINIT)  Julia M. Sago  Sex ARCE S. DATE OF BIRTH VAN BACE INFORMATION OF BUSINESS (INFO MINIT)  Julia M. Sago  Sex ARCE S. DATE OF BIRTH VAN BACE INFO MINIT BACE INFO MIN	11.										1 3	1	8	3
Julia M. Sago  1. SEX    RACE   S. DATE OF BIRTH   YEAR   S. AGE IN TAXAS   IF UNDER 14 R. AGE I	Julia M. Sago  Joer Posti Death Mate 5 22 1981 4:50  Joer Posti Death Mate 5 22 1981 4:50  Female White 2 14 19 62 1981 4:50  Female White 3 14 19 62 1981 4:50  Female White 2 14 19 62 1981 4:50  Female White 3 14 19 62 1981 4:50  Female White 4 1981 4:50  Female White 3 14 1981 4:50  Female White 3 14 1981 4:50  Female White 4 1981 4:50  Female White 5 14 1981 4:50  Female White 4 1981 4:50  Female	Julia M. Sago  3. SEX  Female  White  Carbon of Party Months of Sago  3. SEX  Female  White  Carbon of Party  Bethphace (share or Robert of Sago)  John of Party  Bethphace (share or Robert or Robert of Sago)  John of Party  Bethphace (share or Robert or Robert of Sago)  John of Party  Bethphace (share or Robert or Robert or Roberto or Robe				MED		AMINE	'S CERTI	FICATE O						
SEX   S.D.ATE OF BRITH   S.D.ATE   S.D.ATE OF BRITH   S.D.ATE   S.D.ATE OF BRITH   S.D.ATE   S	JULIA M. Sago  J. SEX  A RACE  J. DATE OF BIRTH  MONTH  MONTH  THE MONTH  MONTH  MONTH  MONTH  THE MONTH  MONTH  MONTH  MONTH  THE MONTH  MONT	3 SEX   RACE   DATE OF ORBIT			FIRST		WIDDLE		LAST		2e. DAT	KNOWN	MONTH	DAY	YEAR	7h HOU
1. SEX	1. SEX	S. EX	Ì		Julia	M.		Sago			DEAT	H MATED	□ 5	22	1981	4:50/
Female White 2 14 19 62 YRS.   NOW   NAME   NOW   NAME   NOW   NAME   NOW   NAME   NOW   NAME   NOW   NAME   NAME	Female White 2 14 19 62 YRS.  **BIRTHPLACE (STATE OR FORWARD COUNTRY?**)  **BIRTHPLACE (STATE OR FORWARD COUNTRY?**)  **PORTION OF DEATH OPENING TO PRODUCT OR AND ACCOUNTRY?**  **PORTION OF DEATH OPENING THE OF WHAT COUNTRY?**  **PORTION OF DEATH OPENING THE OF WHAT COUNTRY OF STREET ADDRESSON (IF NOT ROUGH SCHILLE) OF STREET ADDRESS (IF NOT ROUGH SCHILLE) OF STREET ADDRES	Female   White   2 14 19 62    YRS     NOUS   NOU	3. S	X 4 RACE				GE (IN YEARS				TE	MONTH			2d. HOUR
BRITHPIACE STATE   A CITIZEN OF WHAT COUNTRY?   BARRIED   NEVER MARRIED   NE	BRITHPRACE (STATE OF POPERATION   76 CHIZEN OF WHAT COUNTRY?   16 MARRIED   NEVER MARRIED	BRITHPACE (STATE OF PRESENCE)   TO CITIZEN OF WHAT COUNTRY?		Female Whi					MONTHS	S HOURS	MIN PRONO	AD	5	22	1081	4.504
Pennsylvania   United States   WIDOWED   DIVORCED   Montgomery County   MD   MONTGOTOWN OF DEATH   IN NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   The USUAL OCCUPATION (THE OF WORK)   The WIDDLE   The USUAL OCCUPATION (THE OF WORK)   The USUAL OCCUPATION (THE USUAL OCCUPATION (THE OF WORK)   The USUAL OCCUPATION (THE OF WORK)   The USUAL OCCUPATION (THE USUAL OCCUPATION (THE OF WORK)   The USUAL OCCUPATION (THE USUAL OCCUPATI	Pennsylvania   United States   WIDOWED   DIVORCED   Montgomery County   Montgomery   Mon	Pennsylvania   United States   WIDOWED   DIVORCED   Montgomery County   MID (ITVORTOWN OF DEATH   IN NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   TPO MOST OF WORKING LIFE   TO MOST OF WORK	To.	BIRTHPLACE (STATE OR	7b CI	TIZEN OF WHA		2 1	HARRIED [	NICYCD ALABBU	9. BALT	MORE CITY				H. 308
ID. CITY OR TOWN OF DEATH   II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   II. B. USUAL OCCUPATION (THE OF WORK   II.) KIND OF BUSINESS   TOR MOST OF WORKING LIFE;   II. SUBJACE   II. SUBJACE   III. SUB	ID. CITY OR TOWN OF DEATH	ID. CHIVOR TOWN OF DEATH			a IIn	ited !	States		TZ			taomet	CV. COU	ntv		140
136. STATE   136	136. STATE   136	136 STATE   176 COUNTY   176	10.	CITY OR TOWN OF DEATH		AME OF HOSP	ITAL, NURSIN	IG HOME, O	X	X	12a. USUAL OCC	UPATION (		TI26 KIN	ID OF BU	SINESS
136. STATE   136	136. STATE   136	136 STATE   176 COUNTY   176		Bethesda	1 8	Suburba	n Hosp	ital					Head	C1g	En I	g
Pennsylvania Indiana Lucerne Mines VES NO House 155 Box 15  14. FATHER'S NAME Steven (Bocsi) Buchey Maria Fers MalDen NAME Maria Ference  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO, OR UNKNOWN) (IF YES, GOVE WAR OR DATES)  18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY:    Maria Fers MAIDEN NAME MARIA   SAURESS   MARIA   MARIA   SAURESS   MARIA   MARIA	Pennsylvania Indiana Lucerne Mines VESE NO HOUSE 155 Box 15  14. FATHER'S NAME STEVEN (BOCSI) Buchey Maria Ferenc  160. WAS DECEASED EVER IN U.S. ARMED FORCES? (VES. NO. GU UNKNOWN) (IF VES. GIVE WAR OR DATES)  160. SOCIAL SECURITY NO. 200–28–7541 Charles J. Sago Rockville, Mp20852  160. SOCIAL SECURITY NO. 200–28–7541 Charles J. Sago Rockville, Mp20852  160. COLOR OR WAR OR DATES)  160. SOCIAL SECURITY NO. 200–28–7541 Charles J. Sago Rockville, Mp20852  160. COLOR OR WAR OR DATES)  160. SOCIAL SECURITY NO. 200–28–7541 Charles J. Sago Rockville, Mp20852  160. COLOR OR SAGO ROCKVILLE, Mp20852  160	Pennsylvania Indiana Lucerne Mines YESE NO House 155 Box 15  II. FAITHER'S NAME STEVEN  MADDLE  MADDLE  FERN  MADDLE  FOR CO  STEVEN  MADDLE  STEVEN  MADDLE  FOR CO  STORT  MADDLE  MADDLE  FOR CO  STORT  MADDLE  MADDLE  FOR CO  STORT  MADDLE  MATION  STORT  MADDLE  MADDLE  FOR CO  STORT  MADDLE  MADDLE  FOR CO  STORT  MADDLE  MADDLE  MADDLE  FOR CO  STORT  MADDLE	USU 13a	JAL RESIDENCE (IF IN NURSIN	HOME OR OTHER	INSTITUTION, GIVE	RESIDENCE BEFO	RE ADMISSION)	lesa men	DE CITY I IMITES					LULE	
15. MOTHER'S NAME   Steven   (Bocsi) Buchey   Maria   Ferenc     16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF VES. GIVE WAR OR DATES)   16b. SOCIAL SECURITY NO.   17. INFORMANT   SAPPRESS   Park lawn Terr.     17. INFORMANT   SARO PORESS   Park lawn Terr.     18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)     18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)     19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)     19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)     19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)     19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)     19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)     19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)     19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)     19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)     19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)     19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)     19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)     19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)     19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)     19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)     19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)     19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).     19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).     19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).     19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).     19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).     19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (	14. FATHER'S NAME Steven  (Bocsi) Buchey  Maria  Ferenc  16b. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN)  NO  16 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY:  Canditions, if any, which gove rise to immediate cause (o) DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gove rise to immediate cause (o) DUE TO, OR AS A CONSEQUENCE OF  LAST  FERENC  17. INFORMANT  18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY:  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gove rise to immediate cause (o) DUE TO, OR AS A CONSEQUENCE OF  Lying cause last.  PART 2 DTHER SIGNIFICANT (DNOTITIONS CONTRIBUTIONS TO DEATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH  P.M. 19  21a. EXTERNAL CAUSE OF DEATH  P.M. 19  21b. LIAST  MATIA  15. MOTHER'S MAIDEN NAME MATIA  15. MOTHER'S MAIDEN NAME MATIA  15. MOTHER'S MAIDEN NAME MATIA  17b. NFORMANT  17b. INFORMANT  17b. INFORMANT  17b. INFORMANT  17b. MOTHER'S MAIDEN NAME MATIA  17b. INFORMANT  17b. INFORMANT  17b. MOTHER'S MAIDEN NAME MATIA  17b. INFORMANT  17b	15. MOTHER'S MAME FREST   15. MOTHER'S MAIDEN NAME FREST   16. SOCIAL SECURITY NO. 200-28-7541   16. SOCIAL SECURITY NO.				ana							Box 1	5		
Steven  (Bocsi) Buchey  Maria  Ferenc  166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, INC, OR UNKNOWN)  NO  166. SOCIAL SECURITY NO.  200-28-7541  Charles J. Sago Rockville MD20852  166. SOCIAL SECURITY NO.  200-28-7541  Charles J. Sago Rockville MD20852  167. INFORMANT  Charles J. Sago Rockville MD20852  168. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY:	Steven  (Bocsi) Buchey  Maria  Ferenc  166. WAS DECEASED EVER IN U.S. ARMED FORCES? (IYES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  166. SOCIAL SECURITY NO.  200-28-7541  Charles J. Sago Rockville MD20852  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)	Steven  (Bocsi) Buchey Maria Ferenc    No.   State   S		ATHER'S NAME						THER'S MAIDE			VAL			
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   PART 1 DEATH WAS CAUSED BY:   Canditions, if any, which gove rise to immediate couse [os] stating the under-lying couse last.   PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).    19a. DATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?   21b. DCCATION   19b. CONDITION DAY YEAR CONTRIBUTING CAUSE OF DEATH   21b. ACCOUNTING CAUSE OF DEATH   21b. AC	166. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)   166. SOCIAL SECURITY NO.   17. INFORMANT   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   200-28-7541   Charles J. Sago Rockville   Mp20852	166. SOCIAL SECURITY NO.   17. INFORMANT   196. SOCIAL SECURITY NO.   17. INFORMANT   19.			MIDDL	(Bod	csi) I	Buche	V			MIDDLE				
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18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)   PART I DEATH WAS CAUSED BY:   Cause (a)   Carcine making to death of the immediate cause (a)   Carcine making to death of the immediate cause (a) stating the under-lying cause last.   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).    Part 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).    Part 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).    Part 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).    Part 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).    Part 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)   PART I DEATH WAS CAUSED BY:   Canditions, if any, which gove rise to immediate cause (a) stating the under-lying couse last.   Canditions of the significant conditions contributing to death aut not related to the terminal disease or condition given in part 1 (a).    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH AUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH AUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH AUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH AUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH AUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  PART I DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY:    Canditions, if any, which gove rise to immediate couse (a) stating the under- lying couse last.    Canditions (on the terminal of the termin			YES, GIVE WAR OR I	DATES)	200-2	28-75	41 Cha	rles	I. Sago			кта	wn 1	lerr.
PART I DEATH WAS CAUSED BY:    Coronary Insufficient (author)   Coronary Insufficient (author)	PART I DEATH WAS CAUSE BY:    Canditions, if any, which gove rise to immediate cause (a) stating the under-   lying couse last.   Due to, or as a consequence of	PART I DEATH WAS CAUSED BY:    CONTRIBUTING   OR AS A CONSEQUENCE OF    Part 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).    Part 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).    Part 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).    Part 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).    Part 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).    Part 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).    Part 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).    Part 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).    Part 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).    Part 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).    Part 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (a).    Part 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (a).	_	18. CAUSE OF DEATH (	nter only one o	rause per line f			10111		or bugo	ROCE	VIII	APE	PROXIMATE	INTERVAL
DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gove rise to immediate cause (a) stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF	DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gove rise to immediate cause (a) stating the under- lying couse last.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).  PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M.  21b. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M.  21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN THEM 18 PART 1 OR PART 2)  10c. AUTOPSY? YES NO	DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gove rise to immediate cause (a) stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21d. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED WHILE OF INJURY (AT HOME. STREET, FACTORY, FARM. ETC.)  21f. LOCATION STREET CITY OR TOWN COUNTY STATE		PART I DEATH WAS	CAUSED BY:	0			The	1+10	1eney	1000	te.	BETW	EEN ONSET	AND DEATH
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WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	AT WORK AT WORK	SIC	214 INTURY OCCUPRED			FINIURY (A)		IF LOCATION	1						
			ME	WHILE NOT WH	IILE 🖂						CITY OR	rown	co	YTHU		STATE
228. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my apinion				300111103011001101111	740107010005	, <u></u>	scoue III	, Juicia			Underermined	monnier	1*			
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FOR

REGISTRAR

DECEASED NAME

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(VRA 15, 4)

9. BALTIMORE CITY OR COUNTY OF DEATH Montgomery 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Co. Gov. 8717 Susanna Lane Wilson David L. Scull-Son same as 13e. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN COONIN 12401 Va. 8434 Georgia Ave. Sil.Spr. MD Warner E. Pumphrey, Inc

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG NO

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED Walter Sheres 81 19 4. RACE 3 SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2, AND 3 TO THE FUNERAL DIFFERS SECONDUM 13. RETAIN PAGE 5 FOR YOUR 19. SHOULD BE FILED, WITHIN 72 HOW RECORDS, 201 W. PRESTON STRI DATE LAST BIRTHDAY) PRONOUNCED DEAD 18, 1920 60 Male White Dec. YRS TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) WASHINGTON. WIDOWED [ DIVORCED Montgomery County USUAL OCCUPATION (TYPE OF WORK IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY #1019 Silver Spring Spring Street. C. P. A. Accounting 13n. STATE 13h COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 1001 Spring Street, #1017 Silver Spring YES X Montgomery NO [] DIVISION OF WITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GIVE PAGES 1, 2 /ITH FORM PM 3 PAGES 1 AND 2 N MIDDLE LAST MIDDLE Sheres Henry Ruth Weitzman 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO Albany, N.Y. IYES, NO. OR UNKNOWN) I HE YES, GIVE WAR OR DATES) Julian S. Sheres; 248 Manning Blvd., Yes WW II 579-14-6488 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A EHEALTH MEDICAL CERTIFICATION None USED / 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO TO None EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE CT **TO FUNERAL DIRECTOR:** PAGE 3 SHOULD BE AFIER DÉATH, WITH THE STÂTE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (AT HOME. 21f LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COHNTY STATE 220. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Inspection Inquiry death resulted fram-Hamicide Undetermined manner Natural causes TITLE (SPECIFY) ACTUAK DATE 5/16/81 Deputy MEDICAL EXAMINER SIGNATURE 1919 Seminary Road EXAMINER'S NAME John S. Rogers, Silver Spring, Montgomery, Md. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE COUNTY STATE Burial Adas Israel Cemetery Washington, D.C. May 18, 1981 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Rockville, Md. **DHMH - 17** Danzansky-Goldberg Chapels; 1170 Rockville Pike (VR A15 ME (5) 15M 2/80

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MONTH YEAR 26 HOUR 6. AGE | IN YEARS LAST BIRTHDAY) # UNDER I YEAR IF UNDER 24 HRS **BALTIMORE CITY OR COUNTY OF DEATH** 12ª USUAL OCCUPATION 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) #429 MILOBSKY MOLFAN VIRGINIA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11d 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and have and from the causes stated 22c DATE SIGNED STAFF DIRECTOR PHYSICIAN

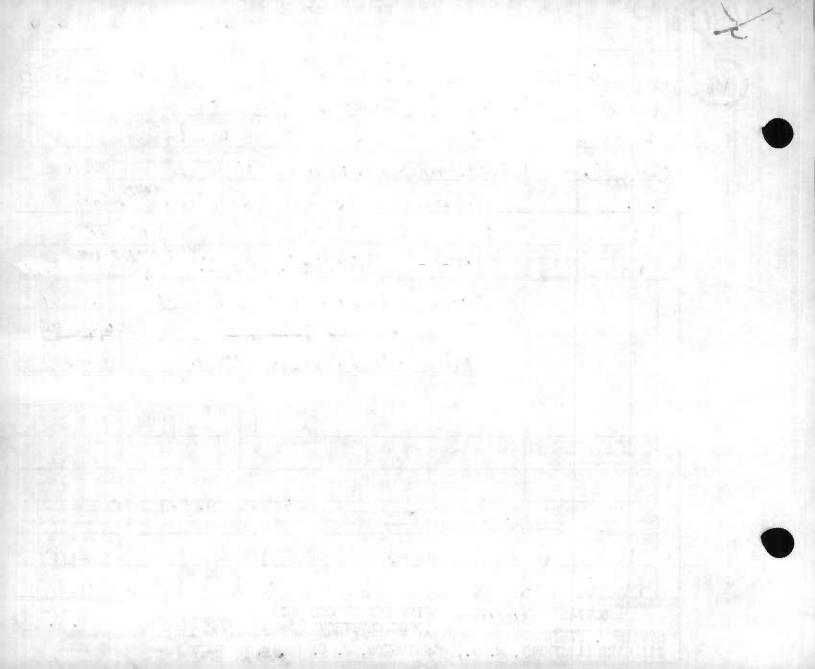
**DHMH-16 25M** (VRA 15, 4) 1/79

232 CARROLL STREET. N. W., WASHINGTON, D. C.

COUNTY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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the medic	(Y	NO OR UNKNOWN) (IF YES, GI	ve war or DATES) 056~14-		nour Shea	13410 Brac tzich Silver Spr	ing, Maryland  Approximate interval  Between onset and be
ury, or ather froumofic eve	Z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	101	DUENCE OF A	costin	minal DISEASE OR CONDITION (	Jho.  Siven in part 110
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STATE OF MARYLAND

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W. W. Chambers Co Silver Spring Md. 20118

FOR

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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

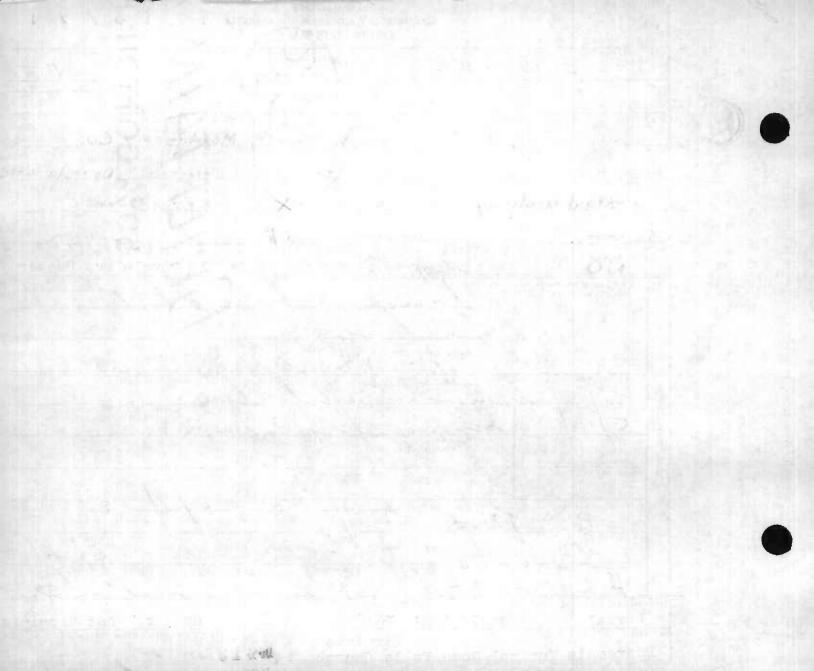
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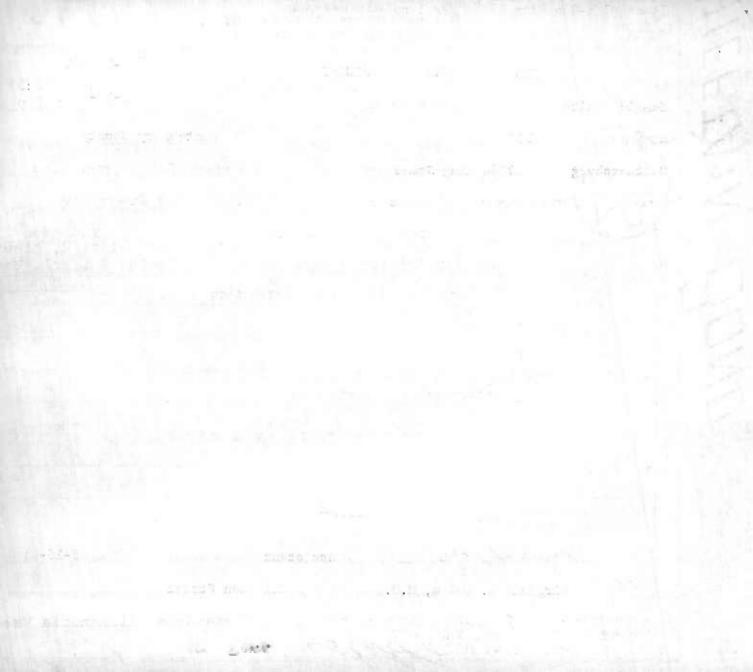
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FLSIE MAE 20. DATE OF DEATH mm5 (TYPE OR PRINT) 3 SEX 4 RACE 5. DATE OF BIRTH . AGE (IN YEARS LAST BIRTHDAY) MONTH DAY Female 03 TO BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY COUNTRY MARRIED NEVER MARRIED 11. S. A. DIVORCED [ Montgomeny WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Takoma Retired Domes 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Tukomo 1306 ErKin MIDDLE Cardelio SOH 16a WAS DECEASED EVER IN U.S. ARMED FORCES? West Va. 25064 16b. SOCIAL SECURITY NO 17 INFORMANT 233-38-6353 Dorothy Woods 934 Circle Dr. Dunbar 18 CAUSE OF DEATH Enter only one couse per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE II course in stating the DUE TO: OR BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG. DIVISION OF VITAL RECORDS 186 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? HOUR AM MONTH DAY OR CONTERUTING TO CAUSE OF DEATH OF EITHER INCOME MEDICAL ERAMINERS 711 LOCATION 21s. PLACE OF INJURY EAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) EITY OF TOWN COUNTY STATE 27x I certify that (I) this haspital) attended the decembed from in (my) (our) opinion death accurred of the data and hour and from the course stated 27h SIGNATU DEGREE 71/ DATE FIGNER ATTENDING MEDICAL STAFF PHYSICIAN ld be of 72x ADDRESS 23e. BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY Burial May 16 1981 Grandview Mem'1 Dunbar, West Virginia 24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 ADDRESS Virginia (VRA 15, 4) Pearson's Funeral Home Falls Church

STATE OF MARYLAND



	1. DE	STATE REGISTRAR CEASED NAME	FIRST	WEI	MIDDLE	NER'S	LAST	E OF D	20. DATE KNO	REG. NO.	TH DAY YEAR	25. HOUR
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS EXECUTE THE CERTIFICATE, WRITING THE WORD." PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMININER ALONG WITH FORM PM 3. RETAIN PAGE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL. CREMATION, OR REMOVAL.		18 CAUSE OF DEA PART I DEATH V	VAS CAUSED BY	'i Me	for (o), (b), and (c).) echanical	intes	tinal ob	struc	tion		APPROXIMA BETWEEN ONS	ET AND DEATH
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MAN HELD THE PRINCIPLE OF THE PRINCIPLE		death resulted from	n Natural c	auses .	Accident,	Suicide	, Hamicide	Un	idetermined manne	, X.		
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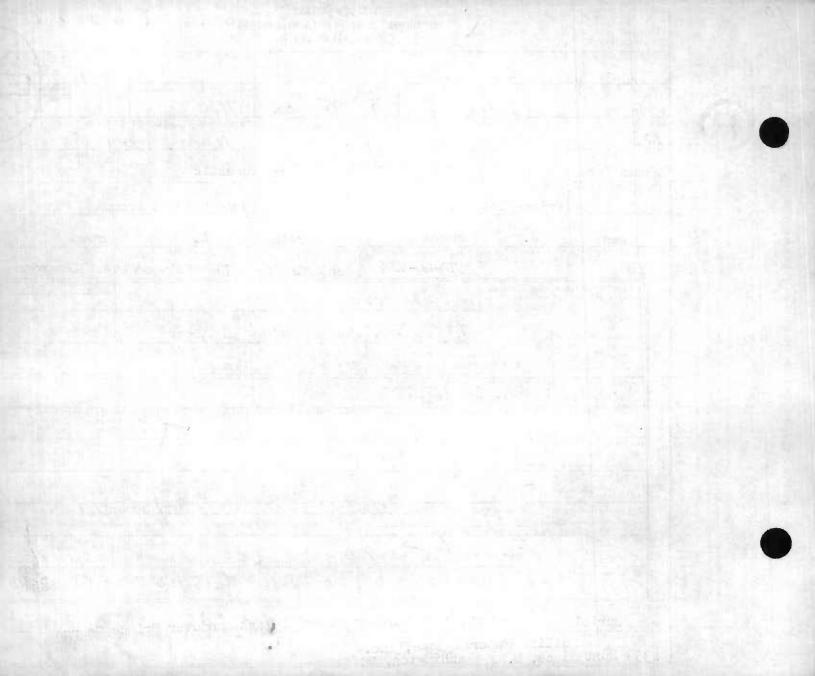
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN [X] (TYPE OR PRINT) ESTI-DEATH MATED LARRY E. SMITH 26 81 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS DATE 24 HOUR 8:57 LAST BIRTHDAY PRONOUNCED white male 3 1943 37 26 19 81 Sept To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED V NEVER MARRIED FOREIGN COUNTRY) Wash., D.C. USA Montgomery County DIVORCED CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Olney Montgomery General Hospital Plumber WRAMC SUAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS P. George's Maryland NO [ 12005 Whitehall Drive Bowie YESX 14 FATHER'S NAME LAST Larry Smith Sr. Elegoston Lee 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 12005 Whitehall Dr. Yes 217-42- 0227 Vietam Barbara Smith/Wife Bowie. Md. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Gunshot wound of chest (unspecified weapon) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL-HEALTH AND MEI lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) ARITING THE WORD "PENJING ARDED TO THE CHIEF MEDICES 3 SHOULD BE USED AS AN THE DEPARTMENT OF HEALTH 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21201 PRIGR TO BURIAL, YES Q NO T 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2 HOUR ANY MONTH DAY YEAR UNDERLYING YOR CONTRIBUTING CAUSE OF DEATH 8: 10P.M. 5-26-181 Subject shot. 21e PLACE OF INJURY (AT HOME 71E LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK 14300 Northwyn Dr., Silver Spring, Mont. car PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE 22a I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion Homicide X Undetermined monner Notural causes TITLE (SPECIFY) SIGNED 5-27-81 Assistant MEDICAL EXAMINER SIGNATURE Øixon, M.D. 111 Penn St. Ann M. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 73c NAME OF CEMETERY OR CREMATORY ery Silver Spring Montgomery Md.

256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Burial May 29,1981 Colesville Cemetery 24. FUNERAL DIRECTOR 11800 New Hampshire Ave **DHMH-17** Hines/Rinaldi F.H. VR A15 ME (5) Silver Spring, Md. 15M 2/80

margland 7. George's Bowin tions margarit De. Viouss 217-62-5227 Barbara Salin/Mile Sorie, Md.

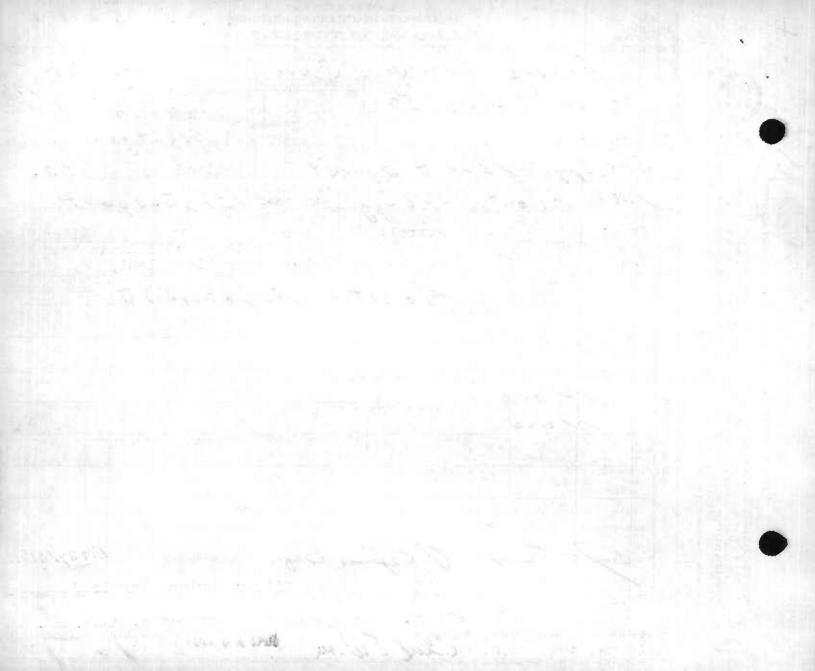
Nortal Par 35,1571 Calestile States Silver Print Contempt Md.

	FOR STATE OF MARYLAND  STATE PEGISTRAR  STATE CERTIFICATE OF DEATH  REG.  REG.	13797
y be oge 3 death	DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH  VPC OF PRINT;  ARGIE A.  SEX 14 RACE 15 DATE OF BIRTH 6 AGE (IN YEARS LAST.)	5-17-81 342
2	F Black 9 9 03 776	MONTHS DATS HOURS MIN
110	AMERICA WIDOWED DIVORCED MONT	OR COUNTY OF DEATH  GOMERY  M
# # # # # # T/ I	akoma Park Washington Adventist Hospital Domestic	TOP WORKING LIFE) INDUSTRY
35		ood Avenue
ond 2 sh	FATHER'S NAME FIRST BEN J. Brown IS. MOTHER'S MAIDEN NAME MIDDLE AST MARGINE A.	Brown
Poges 7	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADD (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-44-1892 Benjamin Smith 7940 De	RESS Lwood Ave. Glenarder
cate has been signed by the attending phonsit permit. Then please remove carbon phygiene prior to burol, cremation, or remo 8 shows any injury, or ather traumatic even	PART 1. DEATH Enter only one cause per line for (a), (b), and (c)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  CARDIAC ARRES T  DUE TO, OR AS A CONSEQUENCE OF.  Conditions, if any, which gave rise to immediate cause (a): stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE	oA ,
		YES NO
s the bural-transi h and Mental Hygi rked ar Item 18 sh	CONTINED THE CON	TOWN COUNTY STATE
RECTOR. Af	220.   certify that (1) (this hospital) attended the deceased from	
TO FUNERAL DIRECTO	226. SIGNATURE  JOHN F FAMMASKAT DEGREE  ATTENDING MEDICAL ST PHYSICIAN DIRECTOR PHYS  226. ADDRESS  226. ADDRESS	
of OT Should sho	TONY P. KANNARKAT 820/ 65 St, SIL  BURIAL, CRÉMATION, REMOVAL 1236. DATE 1236. NAME OF CEMETERY OR CREMATORY 1236 LOCATION CHYOR TOWN  SPECERY)  Burial May 22, 1981. Harmony Memorial Park, Landoye	VLV Sprang, MD, 2091
- 16 50M 1/81 RA 15, 4)	The state of the s	R 25% REGISTRAR S SCHATUME

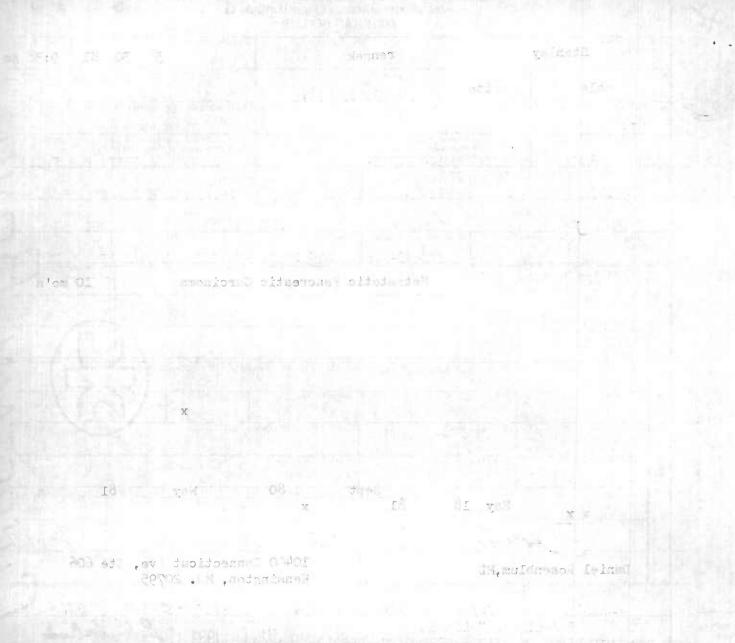


· - ELEGLI Not blisted to city it the BUREDLEV Caltharabung | 215 see Furest arriant Montgowers Wilbours Will 210 to Street Antil 5000 20412 Clavicebury 81 228-15-6205 ucssia C. Banene-Manascus, Md. .All J. oracky illa Clare. C. M. nealant garles en latte 7.11 

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	1-	FOR STATE		DEPARTMENT OF HEA			3 / 7 /
,		REGISTRAR	MI	DICAL EXAMINER	S CERTIFICATE O	F DEATH REG. N	10.
	1. DE	CEASED NAME FIRST		MIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 76. HOUR
Wain Win	(111	Geor	1-6	In wood	Salvel	OF ESTI-	DA-Millia 81 -
A FEBRUARY	3 SE		A DATE OF BIRTH	6. AGE (IN YEARS	FUNDER 1 YR. IF UNDER		MONTH DAY YEAR 24 HOUR
# Black 315		10 16/	MONTH DAY	YEAR LAST BIRTHDAY)	ONTHS DAYS HOURS	MIN. PRONOUNCED DEAD	1 1 2
1	7- 0	IRTHPLACE (STATE OR	June	721 59 YRS.		A DALVIMAGE CITY	OR GOUNTY OF DEATH
対策を手続行	70. B	DREIGN COUNTRY)	78. CITIZEN OF V	MAT COUNTRY?	ARRIED   NEVER MARRI	IED BY BALTIMORE CITY	OK GOUNTY OF DEATH
AND SAN	W	ashington.DC	US	A	OOWED DIVORC		Ezemate MD.
AV IS THE P	10. C	ITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HOME, OR ACILITY, GIVE STREET ADDRESS)	OTHER INSTITUTION	120. USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE)	YPE OWORK 12b. KIND OF BUSINESS OR INDUSTRY
PATE AND CONTRACTOR	1	Ji" (, Spg1	130	TENE NO	x17	Retired	N.S.A.
	USU			GIVE RESIDENCE BEFORE ADMISSION)	lan mana mana mana		11.00.111
SHOULD	130. 5	TATE 13b. COUI	NIY +	13c CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	2 - 2 - 24
D. 2. A. S. R. S. H. R. E. A. I. R. E. A. I. R. E. I. S. H. C. I. S. H.	IA E	ATHER'S NAME	ent	7.0	15. MOTHER'S MAIDE		J Parvi
DEETH. IF		James	MIDDLE	Carra 11	FIRST	MIDDLE	LAST
O A N B G G E S			Α.	Sorrell	Mary	V.	Allen
TIMOR TER DE FORM ON OR	160. \	WAS DECEASED EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)	165. SOCIAL SECURITY NO	(2)	rother) 9531	S Riggs Road,
ALI		Yes	WWll	578-16-4517	Richard S	Sorrell-Adel	phi, Md.
451., B HOURS M 18. G WIG WII PRMIT P IL.		18 CAUSE OF DEATH (Enter a	nly ane cause per lir	e for (a), (b) and (c).)	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I W. PRESTON ST., D WITHIN 24 HOUR PENCIL IN ITEM 18. AMINER ALONG W - TRANSIT PERMIT CREMAL HYGIENE, OR REMOVAL.		PART I DEATH WAS CAUSE	ED BY: ATE CAUSE (a)	Nout	to M	Ya cardis	BETWEEN ONSET AND DEATH
PRESTON ITHIN 24 H ICL IN ITEA ANSIT PER AL HYGIEN REMOVAL		4291 IMMEDIA		R AS A CONSEQUENCE OF		/ 4 - 2 1 1 2	
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NI NE	-	gave rise to immediate					
01 W. PR TED WITH N PENCIL XAMINEF XAMINEF AL-TRAN MENTAL N, OR RE		couse (a) stating the <u>under</u> lying cause last.	DUE TO, O	R AS A CONSEQUENCE OF			
<b>™</b> ⊃= ₩ ≥ □ O			(c)				
RECORDS, 201  D BE EXECUTED PENDING" IN P AEDICAL EXA AEDICAL EXA REALTH AND MA ICAEMATION, CREMATION,		PART 2 DTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMINAL C	ISEASE DR CONDITION GIVEN IN PA	RT 1 (a).	
TTAL RECORT HOULD BE EX HOULD BE EX HE MEDICA HIER MEDICA OF HEALTH IRIAL, CREMA	N N	N	sno				
■ □□□□□ ;	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED?		28 AUTOPSY?
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> 0000 # = = = =	- E	210 EXTERNAL CAUSE WAS	216 TIME C	DE INJURY 12	HOW INTERVOCCUERS	D (ENTER NATURE OF INJURY IN ITEM )	No.
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CERTIFICATION OF THE STATE OF T	1 8	216 INJURY OCCURRED WHILE NOT WHILE		OF INJURY (AT HOME, 21 CTORY, FARM, ETC.)	LOCATION STREET	CITY OR TOWN	COUNTY STATE
□ SESQEX		AT WORK AT WORK					
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EXAMNER: TEXAMNER: UNITED THE CORTIFICATE, DIRECTOR I, A. WITH THE S. MARYLAND, T.	١	7.00	X-				and in my apinian
WE BE SEL		death resulted fram: Nati	ural causes	Accident 🔲 , Suicide	, Hamicide	Undetermined monner	,
EXAM CERTIL DULD B DIRECTION WARY		ACTUAL 2	0		TITLE (SPECIFY)		DATE MA
¥ = 5 = 5 = 5 = 5	ł	SIGNATURE	1	/ Cape	M.D. DEP.	MEDICAL EXAMINER	SIGNED 22/0/981
NACE AND A STATE OF A	-	EVALUED'S NAME	_	0			
TO MEDICAL EXECUTE THE CIPAGE A SHOUL PAGE 4 SHOUL TO FUNERAL DAFTER DEATH.  AFTER DEATH.	N. Ind	TYPE OR PRINT JOHN	S. Roger	s, DME	ADDRESS_Silv	ver Spring,	Maryland
3 4 5 8 5 8 8	23a.B	URIAL, CREMATION, REMOVAL		23c. NAME OF CEMETE		23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	,	Burial	5-13-1	.981 Mt. Zior	Cemeterv	Bethesda	
	241	SEABECTER. Pum	phrev.	Incon	/ 250. DATE		GISTRAR'S SIGNATURE
DHMH - 17 (VR A15 ME (5) )	9	434 Ga. Ave.	SS	Ma Ley E G	VIAIR SOM	N T 9 1301	7777
15A 2/80	<b>L</b> °	TOT Ga. AVC.	, 0.0.1	survey c 4			



	EG. NO.
1. DECEASED NAME FIRST MIDDLE LAST 28. DATE OF DEA (TYPE OR PRINT) Stanley Edward Srensek  3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS).	11 MONTH DAY YEAR 26 HOUR 5 30 81 9:38 8
male white NOV 13, 1916 64	LAST BIRTHDAY)  IF UNDER 1 YEAR  IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.  YRS.
OHTO  U.S.A. WIDOWED DIVORCED MONT	TGOMERY MD
- 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0	UPATION 12b. KIND OF BUSINESS OR MOST OF WORKING LIFE INDUSTRY
130. STATE STATE SOUNTY STATE STATE STATE STATE STATE STATE STATE STATE SOUNTY STATE	HUNTERS VALLEY ROAD
ANGELT  SRENSEK  MIDDLE  FIRST  MARY  FIRST  MARY	MUGERLT ADDRESS
The was deceased ever in u.s. armed forces? In Social Security No. 17 Informant (Yes, Noor Unknown) (If Yes, Give war or dates) 272-05-3158 ANGELO J. SRENSEK	SAME AS 13 BROTHE  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
ANGELT SRESSON  IS CARRET PARK  ANGELT STREET  ANGE PARK  IS CITY OR TOWN  IS CONTRIBUTION	
CENTER NATURE OF THE PARTY OF T	IN CERTIFYING CAUSES OF DEATH?
21b. TIME OF INJURY  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRI	OF INJURY IN ITEM 18. PART 1 OR PART 2)
ON ONE STREET ST	YORTOWN COUNTY STATE
22a.1 certify that (I) (this haspital) attended the deceased from 1900, to	, 19 , 1801 (I) (WE) 1031
PHYSICIAN DIRECTOR PHYSICIAN STAME (TYPE OR PRINT)  220. ADDRESS 0400 Connection	staff physician □ 5/80/8 cut Ave, Ste 606
230. BURIAL, CREMATION, REMOVAL 230. DATE 230. NAME OF CEMETERY OR CREMATORY 230. LOCATION	20795 N
BP	ER SPRING MONT WILL MO



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OR	DEPARTMENT OF I
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COUNTY

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couse (a), stating the underlying couse

STATE OF MARYLAND HEALTH AND MENTAL HYGIENE 🔘

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
DECEASED NAME	Phyllis MIDDLE A.	Stein Stein	20. DATE OF DEATH MONTH	3 8	2b. HOURS
3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
emale	Caucasian	Sept. 26, 1898	82 YRS.	MONTHS DAYS	HOURS MIN.
O BIRTHPLACE (STATE OR FOR	REIGN 76. CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
Texas. USA	USA	MARRIED   NEVER MARRIED	MORTEAM	Nue	AAT

10. CITY OR TOWN OF DEATH MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Hospital Bethesda USUAL RESIDENCE IN NUI

Washington.DC

AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

Homemaker At Home 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 5406 Connecticut Avenue, N.W.

(TYPE OF WORK FOR MOST OF WORKING LIFE)

12b. KIND OF BUSINESS OR

STATE

INDUSTRY

12a. USUAL OCCUPATION

	14 FATHER'S NAME			15 MOTHER'S MAIDEN NAME		
	FIRST	WIDOLE	LAST	FIRST	MIDDLE	LAST
	Henry		Ash	Amelia		(Unknown)
Ī	160. WAS DECEASED EVER IN		166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	3 (13 3 -

Barbara Wishner, Bethesda, Maryland No 18 CAUSE OF DEATH (Enter only one couse per line fo PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 Conditions, if ony, which

IFICA	19a DATE OF OPERATION	195 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
9	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21c. HOW INJURY OCCURRED	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)

(IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN

NOT WHILE my) (our) opinion death accurred on the date and hour and from

STREET

oba 22c DATE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

23a. BURIAL, CREMATION, REMOVAL Burial Washington, D.C. STATE 5/26/81 Wash. Heb. Cong. Mem. Pk.

Joseph Gawler's Sons, Inc.

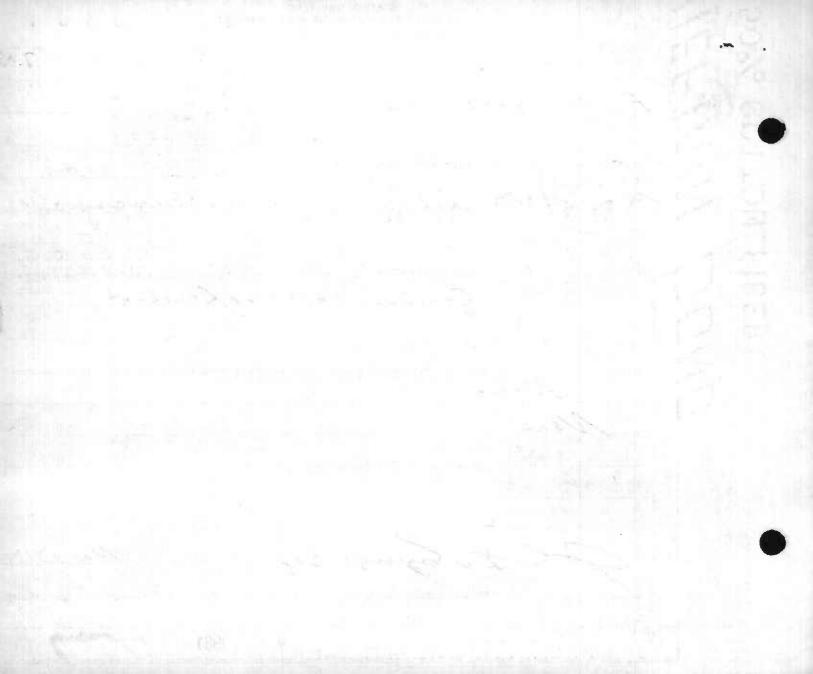
250, DATE RECID. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 5130 Wisconsin Ave., NW, Washington, D.C. 20016

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

M. LUSTIN T . energy. amon de destauenell Indhanal Bathesca 5:06 Connections Overies 1.1. X DG . norma edantil 1 F 19 19 FORCE Marbers Labor, Gerband Circle 2001 THE PROPERTY OF THE STATE OF TH METERS CONTRACT OF THE METERS AND AND THE FOREST STATES AND THE SAME SAME. J/25/cl and for the state of th Coment dawler's some, inc. Tiv incommin wee, an, bashingon, ... 20016 ... W. 54 C LT 18 - 55 - 75 JI AVAT 43131 TOUTHERDY T SUBURBAN HOSPITAL MARKET

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN X DATE (TYPE OR PRINT) OF ESTI-Margaret O. Strahorn DEATH MATED 19 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE AST BIRTHDAY -25 - 81PRONOUNCED p M DEAD To. BIRTHPLACE (STATE OR CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WISCONSIN U.S.A. Montgomery WIDOWED DIVORCED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED, 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY Montgomery Olney A General Hospita ECONOMIST S. GOVT USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d: INSIDE CITY LIMITS? 13e STREET ADDRESS MIAL AND 2 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST FIRST MIDDLE JOHN GIVE PAGE ORR ADDRESS 48 CHISWICK CT. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMAN DIVISION SISTER (YES, NO, OR UNKNOWN) NO 212-52-4822 SPRADITA SPRING CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ALONG W DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY CREMATION, OR REMOVAL. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF A BURIAL - TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION USED/ 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES [] NO DE BE DEPARTMENT 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 FORWARDED TO THE OR: PAGE 3 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M TIE PLACE OF INJURY (AT HOME. 21f LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE execute the certificate, wrii page 4 should be forward **to funeral director**; page AT WORK AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy and in my apinian death resulted fram Hamicide Undetermined manner Suicide TITLE (SPECIFY) AFTER DEATH, BALTIMORE, M ACTUAL DATE 24 25/98 ROGERS SEMINARY ROAD STLVER 1919 ADDRESS. 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY COUNTY BURIAL ARLINGTON NATIONAL ARLINGTON VIRGINIA BP. 250. DATE REC'D BY REGISTRAR 25b. REGISTRAR 24 FUNERAL DIRECTOR FRANCIS J. COLLINS **DHMH-17** (VR A15 ME (5)) 500 UNIV.BLVD..W..SILVER SPRING.MD. 15M 2/80



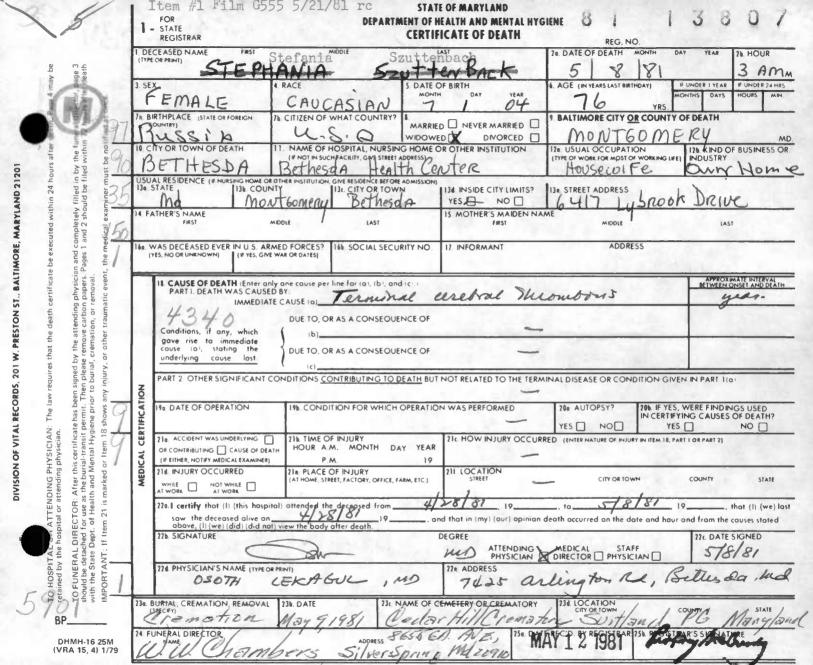
	1,	FOR	DE		HEALTH AND ME			3805	
	1-	STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.					
-		CEASED NAME FIRST	A	WIDDLE	LAST	2e. [	ATE KNOWN M	ONTH DAY YEAR 26 HC	UR
28484		Oran	(N.	M.I.)	Sullins,	Jr. D	OF ESTI-	2-17 19 FT A	M
50000	3 SE	4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHD	RS IF UNDER 1 YR.	IF UNDER 24 HRS. 2c.	DATE MOUNCED	ONTE DAY YEAR 2d. HC	)yR
O TO BY	1	MW	Feb. 2, 19	927 54 YF			DEAD May	17 1981 4	M
NECESSARY NECESSARY S FOR YOU WITHIN 7	FC	RTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WHA	TCOUNTRY?	8 MARRIED NEV	ER MARRIED . 9. 8.	ALTIMORE CITY OR C	OUNTY OF DEATH	
	1	rth Carolina	U.S.A.		WIDOWED -	DIVORCED .	mont	asmert	MD.
	10. C	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACIL		OR OTHER INSTITUT	FOR MOST	OCCUPATION (TYPE OF A	OR INDUSTRY	
DELAY N PAG 1 (SS, 28 FIL	USIL	AL RESIDENCE (IF IN NURSING MONE)	OR OTHER INSTITUTION GIVE	RESIDENCE BEFORE ADMISSIN	ventos	Auto	Mechanic	Self-Employ	ed
IDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 XECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELY GC. IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 3 TO CAL EXAMINER ALONG WITH FORM PM. 3. RETAIN P BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE BURIAL-TRANSIT PERMIT. PAGES 1 AND ADMONTAL HYGIENE, DIVISION OFWITAL RECORDS, ATION, OR REMOVAL.		TATE	VTY	13c. CITY OR TOWN	13d. INSIDE CIT	C 1 4	DDRESS	1 1	
D. 21	1	ATHER'S NAME	2600190	r Hystovi	le YES	NO 113 8	M2m1 17	on 14 d.4	
EATH. IF ES 1, 2, PM 3. NND 2 S		FIRST	MIDDLE	LAST	FI	R'S MAIDEN NAME	MIDDLE	LAST	
A A A GE		<b>UNKNOWN</b> WAS DECEASED EVER IN U.S. AF	MED FORCES?	16b SOCIAL SECURITY	Win:		ADDRESS A	Sullins Idress Same as	
BALTIMORE, S AFTER DEA GIVE PAGES ITH FORM P PAGES I AN INISION OF A	()	ES, NO, OR UNKNOWN) (IF YES, GIV	WAR OR DATES)	414-34-90		0. Sullins		# 13e.	
RS A WITH PA		18 CAUSE OF DEATH (Enter o	nly one cours per line fa		54 Jean	O. Sullins	144	APPROXIMATE INTERVA	_
HOUR WASKING WASKING WE'D	B	PART I DEATH WAS CAUSE	D BY:	(d), (b), dild (c).)	Mund	024/2/2	1 17,6	BETWEEN ONSET AND DE	ATH
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PRES THIS NNSI NEA NEA NEA NEA		Canditians, if any, which							
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EXECUTED NG" IN PROCESS OF A SAND WEIGHT A AND METON, CATED WEIGHT A AND METON, CATION, CATION	1	lying cause last.	(c)						
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LI RECORI ULD BE EX "PENDIN EF MEDIC SED AS A E "HEALTH /	CERTIFICATION		re						
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F VITAL  TE SHOU  WORD  TE CHIEF  THE CHIEF	Ē	21g EXTERNAL CAUSE WAS	21b. TIME OF IN	HIDV	In now home	0.000		YES NO	X
o A#F∃AF S		UNDERLYING OR	HOUR A.M. A		216. HOW INJURY	OCCURRED LENTER NATUR	E OF INJURY IN ITEM 18 PART 1	1 OR PART 2)	
DIVISION OF THIS CERTIFICATE WARDED TO THE PAGE 3 SHOULD TATE DEPARTMEN 21201 PRIOR TO	MEDICAL	CONTRIBUTING CAUSE OF	DEATH P.M.	INJURY (ATHOME.	21f LOCATION				_
S CEI RITIN	ME.	WHILE NOT WHILE	STREET, FACTOR		STREET	CIT	ORTOWN	COUNTY STA	TE
L M > G 12	1	AT WORK AT WORK							
EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: I, WITH THE	1	22a I certify that I taok chor	<b>-</b>		Autopsy	Inspection In	quiry L, and in	my apinian	
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E CERTIL E CERTIL DULD B DULD B H, WITH	1	ACTUAL	00	(	TITLE (SP			DATE 1 12/2/9/	2
SE S		SIGNATURE	1	1	M.D. 226	MEDICAL	EXAMINER	SIGNED LEY/3/91	_
A PROPERTY OF THE PROPERTY OF		(TYPE OR PRINT) John	S. Rogers,	M.D.	ADDRESS	1919 Semina	ry Rd. Sil	ver Springs, N	id.
TO MEDICAL E: EXECUTE THE C PAGE 4 SHOUN TO FUNEMA. V BATTER DEATH. V BATTIMORE, M.	23e.B	URIAL, CREMATION, REMOVAL			AETERY OR CREMATO	RY 23d. LOCAT	ION	COUNTY STATE	=
BP		Burial	5-20-81	Ft. Lince	oln Cemeter		twood	P.G. Marylan	d
A DHMH-17		UNERAL DIRECTOR	ADDRESS		2	So. DATE REC'D BY REG	ISTRAR 256 REGISTRA		
(VR A15 ME (5)) 15M 2/80	F.	Gasch's Sons F	.н. Р.А. Ну	attsville.	, Ma.	man /a T	001		

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D. Good to those ". t. T. M. dyatterd . to Mid.

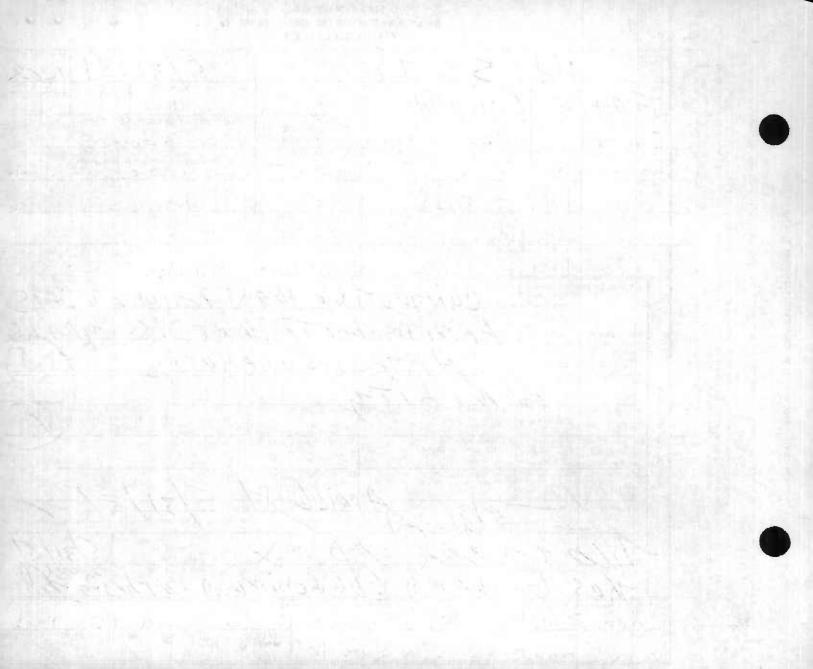
(VRA 15, 4) 1/79

Founds Squadsin, severber 6, 1999 RI Pennsylvania value alweylyamad 9 30 10 2 00 il Louis House House House House House oryland Nontgomery Rockville ... lious Ashley Drive 100-24-5907 \* anges | Citi | Sans as 1345 | 10. 1981 St. Poter's descripy Hollitone Two., Th. A day Ingame yagugan's A gandal noses, r.A. cathesia, darvinal lawy a collect the contract



THE PARTY OF THE P 1981 V.J. VAN

			STATE OF MARYLAND	n 0
	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🗸 🕽 🔾	J O
,	'	REGISTRAR	CERTIFICATE OF DEATH  REG. NO.,	Carlina.
/	1. DE	CEASED NAME		HOUR
pe	(ITPE	H4	82-710 5/3/18/1	11112
may	1. SE	1111	The state of the s	UNDER 24 HRS
Page 4	7	RMA18	OBIPNAL MAN 28 1901 80 YRS. MONTHS DAYS IN	OURS MIN.
d	Te BI	RTHPLACE (SIATE ON TOREGO	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	
death.	V	hINA	MALAYSIA WIDOWED DIVORCED MONIGOMENY	MD.
- in the second of the second	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	USINESSOR
21201 hours of in the libe fills	USU	AL RESIDENCE (IF NURSING HOME OR		Home
And filled outld b	130.	MA 136 COUN	JATY 136. CITY OR JOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS  YES NO   318 Whispen how	Pines
tely 2 sho	14. FA	THER'S NAME	15. MOTHER'S MAIDEN NAME	111113
E, MAR)		Un	MODIE LAST UN KNOWN	
ORE, M.  Executed camping camp		VAS DECEASED EVER IN U.S. ARA	RMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ROCKVIT	1e, mc
¥ 2 2 €	,		No NA F.K. Chan 4114 HebThField	dRd
ON ST., BALTI th certificate b nding physicion corbonpopers. , or removal.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	only one couse per line for (6), (b), and (c)   APPROXIMAL SET BY:	ET AND DEATH
V ST., Bu certifica mg phys rbonpop r remavc ic event,			ATE CAUSE (0) CON 905/1 VE FRATA TAINOR & L	495
eston death c ottendin ove cark ifion. or		9170	DUE TO DRAS ACONSEQUENCE OF LA ATT LADAR + DIC 10	100
the deat the other remove c emation.		Conditions, if any, which gave rise to immediate	A KALKIOSI BUOTIC FRANT DIS. 196	TAS
3 + > 0 0 ±		couse (a), stating the underlying couse last.	DUE TO, OR AS APOSISE PENCE OF PRIHS CO LPROCICE 11	
S, 2011  Jires that  gened by  en pleos  buriol,  ury, ar a		PART 2 OTHER SIGNIFICANT CO	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
9 P 8 4 0 15	0	6	SONILITA	
law re	CERTIFICATION	190 DATE OF OPERATION	HIS CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDING: IN CERTIFYING CAUSES OF	S USED DEATH?
DIVISION OF VITAL RE TTENDING PHYSICIAN: The le pital or ottending physician. TOR, After this certificate hos for use os the burial-transit per af Health and Mental Hygiene 21 is marked or them 18 shows	RTIF		YES NO YES	NO 🗆
N OF VITAL  SICIAN: The major physicia certificate terral Hygie ental Hygie ental Hygie item 18 sha		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	Lineare and discount and water	
ION OF VI HYSICIAN: nding physis ins certifica burial-tran i burial-tran or frem 18	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	ER) P.M. 19	
DIVISION OF VI	MED	21d IN JURY OCCURRED	THE PLACE OF INJURY  INTERPRETATION OF THE FARM EIGHT STREET  STREET  CITY OR TOWN COUNTY	STATE
DIVG or off After narke		AT WORK	APRILLE / 5/18/	
TTENDI pitol or TOR: A far use of Heol		sow the deceased alive on_	princial afficiency of decreased from	
OR ATTEN OR ATTEN DIRECTOR: ached for us Dept. of Hem 21 is		obget, Www.idethidid.not	DEGREE 22c. DATE NO	
ral OR A y the hos Ral DiREC detached detached Tif frem	-	11/1/11	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 5	1/8/
SPITAL BY		THE PHYSIC AN'S NAME (TYPEOR		34/1
TO HOSPITAL OF FOUNDERAL IS should be detained by the with the Store E.		1705 (2	O. WARD ONG ROBINWOOD BETHESPA	my
328 4 3 3		BURIAL, CREMATION, REMOVAL	CITY OF TOWN COLINTY	STATE
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DHMH-16 30M 2/80	24. FI	UNERAL DIRECTOR	DADDRESS 250 THE REC'D. BY REQUITERAR 254 BEGISTRAR'S SIGNATUR	Ē.
(VRA 15, 4)	$  \setminus \rangle$	1.hr ( hnn	Deal Lily Los Mil	



	1				E OF MARYLAND	23	1	7 0	0 0
	1.	FOR STATE REGISTRAR			ICATE OF DEATH	YGIENE REG. NO		00	0 7
t t		CEASED NAME FIRST OR PRINT) Frederic	MIDOLE )	Tagge	ast T		MONTH GA	Y YEAR 2	6 P M
6 P	3. SE		4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
(/3	1	Male.	White.	Nov.	3 - 300-	75	YRS.	ININS. DATS	NOOKS MIN.
11	1	RTHPLACE (STATE OR FOREIGN COUNTRY)  Vashington.	76 CITIZEN OF WHAT	MARRIE	D NEVER MARRIED	BALTIMORE CITY O		FDEATH	MD.
7/	10 C	Takoma Park.	11. NAME OF HOSP	ITAL, NURSING HOME ( LITY, GIVE STREET ADDRESS)	tist Hospi	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON F WORKING LIFE]	INDUSTRY	BUSINESSOR
5	13a	AL RESIDENCE (IF NURSING HONE OF TATE 13 COL	OR OTHER INSTITUTION GIVE RI JNTY 13c. (	ESIDENCE BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
nine d	-	Maryland   Pr	. Geo. Ta	koma Park	15. MOTHER'S MAIDEN	7209 Cent	ral A	ve. Ta	Koma Pa
10/		Unknown	_	ggart.	Ida.			Jnknow	n.
medicol		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR GATES)	7-03-9110	Viola M.	Taggart (		) (	13 e
or other traumatic event, th		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A  DUE TO, OR AS A  OUE TO, OR AS A  (c)	a consequence of Chymnia	ranhits	Failure		10 -	ALE INTERVAL INSET AND DEATH IPPROVIDENCE OF THE INTERVAL IPPROVIDENCE OF
s ony injury, o	CERTIFICATION	PART 2. OTHER SIGNIFICANT  PROPERTY  19a DATE OF OPERATION	Tuberwiss		g in tibr	200 AUTOPSY?	20b. IF YES.	WERE FINDING	SS USED OF DEATH?
d or Hem 18 shows	MEDICAL CERTIF	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED		MONTH DAY YEAR 19	21c HOW INJURY OCC	YES NO NO URRED (ENTER NATURE OF INJU		T   OR PART 2}	NO []
morked	WE	WHILE NOT WHILE AT WORK  22a 1 certify that (I) (this has	(AT HOME, STREET, FA	CTORY, OFFICE FARM, ETC.)	STREET 19	CITY OR TO	, 19	COUNTY th	STATE
NAT: If Hem 21 is		sow the deceased alive a above (1) (use) (did) (did not 27b. SIGNATURE)	mot) view the body after	1981	DEGREE ATTENDING	on death accurred on the discourse of th	FF	22c. DATES	
IMPORTANT:		Alfred	Munzer	- M.D.	7600 Ca	erro 11 Ave	Tak	sma Par	re Md
2		BURIAL, CREMATION, REMOVA (SPECIFY) Burial.	May 6,		Tincoln	23d LOCATION CITY OR TOWN  Bladensh	ura_R	COUNTY	STATE Geo. M
A 2/80 4)	X	UNERAL DIRECTOR	Takoma Fu	neral Hom	25a. D	MAY 6 1991	25b. REGISTRA	AR'S SIGNATU	RE

Mala. 1905 75 d Takona Park. Mashington Adventist Messital. Mesiral, Diamond Cab. Paryland, Pr. Goo. Cakora Park + - C 7200 Central Ava. Takera Par tinkmown. Unknown Paccart. Tim. 577-03-0310 Viola V. Parmart ( Wife.) ( 13 4 ) AND A SHELL SHE WAS TO WAS DESCRIPTION OF THE SAME OF THE PROPERTY OF THE SAME Telong Puneral Hors. D. C. NOY C. 1981 August

BP\_\_\_\_\_\_ DHMH-16 30M 2/80 (VRA 15, 4)

	CEASED NAME	FIRST	WIDDLE		TICATE OF DEATH	REG. NO.	ONTH DAY YEAR	26 HOUR
100	CON PRINT)	David	Norman	T	ait	May 18,	1981	11:59
3_SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	
	Male	Cat	ucasian	Septe	mber 16,19	04 76	YRS.	HOURS
	IRTHPLACE (STATE OR	FOREIGN 76 CITIZE	N OF WHAT COUNTRY	Y? 8	D NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
	England		gland	WIDOWE	DIVORCED	Montgome	ry County	
10. C	ITY OR TOWN OF DEA	ATH 11. NAW	TE OF HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V	N 12b. KIND C	P BUSINESS
-	ethesda	513	32 Scarsd	ale R	oad	CPA	TV	ladio
USU 13a	AL RESIDENCE (IF NURS	ING HOME OR OTHER INST.	ITUTION, GIVE RESIDENCE BEFO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
E	ngland	Devon	Exmout		YESX NO		field Rd.	
14. F/	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME	1.45	
W	illiam		Tait		Merina	model	Buckl	ey
	WAS DECEASED EVER	IN U.S. ARMED FOR		CURITY NO.	17. INFORMANT	ADDRES	S	31-31-7
	No	(# 125, 5112 11111 511 51	None	2	Gladys Ta	it S	Same as 13	}
	cause (a), statir underlying cause		TO, OR AS A CONSEO	UENCE OF	RO'N FILE	OTA EN!	11185 8	YEA
TIFICATION	PART 2 OTHER SIGN SMAA 19a DATE OF OPERA	og the lost.  DUE  NIFICANT CONDITION  196. C	CONTRIBUTING TO	THRE	E WEEKS /	BRONCHITIL 200 AUTOPSY?	TION GIVEN IN PART 100 S. AC. 170 TOB. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	NGS USED OF DEATH?
AL CERTIFICATION	PART 2. OTHER SIGN  SMA  19a, DATE OF OPERA  21a, ACCIDENT WAS UNIT OR CONTRIBUTING	OFFICIENT CONDITION  196. CONTROL OF THE PROPERTY OF THE PROPE	CONTRIBUTING TO CONTRIBUTING T	DEATH BUT THRE HOPERATIO	N WAS PERFORMED	BRONCH TO	IN CERTIFYING CAUSES YES	OF DEATH?
	PART 2. OTHER SIGN SMAA 19a. DATE OF OPERA 21a. ACCIDENT WAS UNIT	OF THE STATE OF TH	CONTRIBUTING TO CONTRIBUTING TO CONDITION FOR WHICE  TIME OF INJURY UR A.M. MONTH P.M.  PLACE OF INJURY	DEATH BUT THRE THOPERATIO  DAY YEAR 19	N WAS PERFORMED  21c. HOW INJURY OCCU  21l. LOCATION	PRONCH TO 200 AUTOPSY?  YES NOT NATURE OF INJURY	IN CERTIFYING CAUSES YES  IN ITEM 18, PART 1 OR PART 2)	NO
MEDICAL CERTIFICATION	PART 2. OTHER SIGN  SMA  19a. DATE OF OPERA  21a. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTIFY MEDI	OF THE LOST.  DUE LOST.  DIFFICANT CONDITION  196.  TION  196.  CAUSE OF DEATH  CALEXAMINER)  216. P  (AT HO)  (AT HO)	CONTRIBUTING TO CONTRIBUTING T	DEATH BUT THRE THOPERATIO  DAY YEAR 19	N WAS PERFORMED	PRONCHITIC 200 AUTOPSY? YES NOT	IN CERTIFYING CAUSES YES  IN ITEM 18, PART 1 OR PART 2)	OF DEATH?
	PART 2. OTHER SIGN  19a. DATE OF OPERA  21a. ACCIDENT WAS UNION OR CONTRIBUTING 16 (IF EITHER NOTIFY MEDI 21d. INJURY OCCURI WHILE NOTWHAT WOR. AT WO 22a.1 certify that (1) saw the decease above, (1) (we) (5)	OPERLYING TALES OF DEATH CALEXAMINER)  RED TION TO THE TALE TALE TALE TALE TALE TALE TALE TAL	CONDITION FOR WHICE  TIME OF INJURY UR A.M. MONTH P.M.  PLACE OF INJURY OME, STREET, FACTORY, OFFICE  ded the deceased from	DEATH BUT THREE THOPERATIO  DAY YEAR 19 E FARM, ETC.)	21c. HOW INJURY OCCU 211 LOCATION STREET 214 40 19 60 19 10 10 10 10 10 10 10 10 10 10 10 10 10	PRONCH TO 200 AUTOPSY?  YES NOT NATURE OF INJURY	IN CERTIFYING CAUSES YES  IN ITEM 18, PART 1 OR PART 2)  N COUNTY  COUNTY  19  and hour and from the	STATI
	Underlying cause  PART 2. OTHER SIGN  SAMA  19a. DATE OF OPERA  21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI  21d. INJURY OCCUR! WHILE NOT WHAT WORK NOT WHAT WORK AT WO  22a. I certify that (I) saw the decease above, (I) (we) (c  22b. SIGN ATURE	DUE IDST.  DIFICANT CONDITION  I 19b (  DERLYING   21b T HO  CALEXAMINER)  RED   21e P  (AT HO  RED   21e P  (AT HO  did (did nat) view the	CONDITION FOR WHICE  TIME OF INJURY UR A.M. MONTH P.M.  PLACE OF INJURY OME, STREET, FACTORY, OFFICE  ded the deceased from	DEATH BUT THREE THOPERATIO  DAY YEAR 19 E FARM, ETC.)	21c. HOW INJURY OCCU  21l. LOCATION STREET  21l. LOCATION STREET STREET  21l. LOCATION STREET STREET STREET ST	PROJUCT TO THE PHYSICIAL BIRECTOR PHYSICIAL BIRECTOR PHYSICIA	IN CERTIFYING CAUSES YES  IN ITEM 18, PART 1 OR PART 2)  COUNTY  COUNTY  AN  22c. DATE  AN  27c. DATE	STATI
	Underlying cause  PART 2. OTHER SIGN  SAMA  19a. DATE OF OPERA  21a. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTIFY MEDI  21d. INJURY OCCUR! WHILE NOT WHAT WORK AT WO  22a. I certify that (I) saw the decease above, (I) (we) (c  22b. SIGNATURE  22d. PHYSICIAN'S N.	DUE IDST.  DIFICANT CONDITION  I 19b (  DERLYING   21b T HO  CALEXAMINER)  RED   21e P  (AT HO  RED   21e P  (AT HO  did (did nat) view the	CONDITION FOR WHICE  TIME OF INJURY UR A.M. MONTH P.M.  PLACE OF INJURY DME, STREET, FACTORY, OFFICE  ded the deceased from 19.  Bady differ death.	DEATH BUT THREE THOPERATIO  DAY YEAR 19 E FARM, ETC.)	21c. HOW INJURY OCCU  21l. LOCATION STREET  ATTENDING PHYSICIAN  22e. ADDRESS  4900	PROJUCT TO THE PHYSICIAL BIRECTOR PHYSICIAL BIRECTOR PHYSICIA	IN CERTIFYING CAUSES YES  IN ITEM 18, PART 1 OR PART 2)  COUNTY  COUNTY  AN  22c. DATE  AN  27c. DATE	state that (I) (we) causes state SIGNED

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	FOR			ST DEPARTMENT O	ATE OF M.		N HYGIENI		1 2	2 1	
19 1	- STATE REGISTRAR			DICAL EXAMI			-	J 1	NO.	0 1	
	DECEASED NAM	E FIRST		MIDDLE	L	AST	[2	. DATE KNOWN		DAY YEAR	2b. HOUR
Ľ	TIPE OR PRINT)	James		Α.		entino		OF ESTI-		22 19 81	2 PM
	EX	4. RACE	S. DATE OF BIRTH	VEAD LICT DIDE	HDAY) MONTHS		DER 24 HRS. 2	RONOUNCED	MONTH	DAY YEAR	2d. HOUR
	Male BIRTHPLACE (S	White	Nov. 28		YRS.			DEAD BALTIMORE CIT	May	22 19 81	17 PM
70	FOREIGN COUNTRY) Italy		U.S.A.	TAT COUNTRY?	MARRIE	D NEVER M	ARRIED	Montgome		TO DEATH	MD.
10	CITY OR TOWN			SPITAL, NURSING HO	ME, OR OTHE		12a. USU.	AL OCCUPATION OST OF WORKING LIFE)	-	126 KIND OF BI	USINESS
	Bethes		4809 We	estway Driv	re		Ret	Examine	er	F.C.C.	
	UAL RESIDENCE STATE Marylan	1136. COUN		13c. CITY OR TOWN Bethes	1	3d. INSIDE CITY LIMIT	152 13e STRE	el address 09 Westwa	ay Driv	7e	
14.	FATHER'S NAM		MIDDLE	LAST		15. MOTHER'S M		MIDDLÉ		LAST	
	Franc		<b></b>	Talentin		Delph		ADDR		rnetto	
160	YES, NO, OR UNKN		MED FORCES? WAR OR DATES)	578-28-9	9353	James Ta	alentin	1183 La o, Annapo	itrobe		
		OF DEATH (Enter on		e far (a), (b), and (c).)	0.	115		3 1		APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
	11/11		TE CAUSE (a)	gronau	yns	More	every c	rent.			-
		ins, if any, which	1	AS A CONSEGUENCE	eor	D	à sus				
	couse (o	ise to immediate ) stating the <u>under-</u>		R AS A CONSEQUENCE	E OF	<u> </u>					
	lying co	use last.	(c)								
2		IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	DUT NOT RELATED TO THE T	ERMINAL DISEASE	OR CONDITION GIVEN	IN PART T (a).				37-13
ATIO	19a. DATE O	FOPERATION	196. COND	ITION FOR WHICH OF	PERATION WA	S PERFORMED?				20 AUTOPSY	(?
- Interna										YES 🗆	NOX
Contract of Contract	210 EXTERN	AL CAUSE WAS	21b. TIME O HOUR A.A		AR 21c. HO	W INJURY OCCU	URRED LENTER N	ATURE OF INJURY IN ITE	M 18 PART I OR PA	RT 2)	
	CONTRIBUT	G OR ING CAUSE OF	DEATH P.A	A. 19	21f. LOC	ATION		-4-7-4			4 - 15
		NOT WHILE	STREET, FAC	OF INJURY (AT HOME, CTORY, FARM, ETC.)		REET		CITY OR TOWN	co	UNIY	STATE
	AT WORK L	AT WORK					. 1%	1 130		1.1.	
	22a I cert		ge of the remains de iral causes $\sum_{i}^{\infty}$	Accident .	Suicide	y [], Inspi Homicide [	ection L,	Inquiry .	ond in my ap	pinida	
		Note	)	0/	ovicide [_],	TITLE (SPECIF		THING HOME			
	ACTUAL SIGNATURE	jus	m 1. Bo	M	M.	Deput	yMEDI	CAL EXAMINER	DATE	May 2	2, 1981
	EXAMINER'S	NAME					43 2	Wash are			
73	TYPE OR PR	ATION, REMOVAL	nn G. Bal	123c. NAME OF			1734 10	Montgom			
23	(SPECIFY) Buri		5/26/81			en Cemet	CITY	Silver Sp	ring,	Marylan	I ATE
24	FUNERAL DIRE			s Sons, I			ATE REC'D. BY	REGISTRAR 8	EGISTRAIP ?	SKSHATURE	1152
1	5130 Wis	consin A	ve. NW. Wa	shington, D	.C.200	16 10	119	01 1	/	7	

do Elever de la principal de la parect. 78 TEST NOV. 28, 1897 B7 7.3\*193\$104 | 7 | 2 | X evin ymetnek Qboe re abeendet .c.d. rankers -.de ainedtoE yearonthol busiyasi natural -- branking oniting in PARTY OF THE PARTY TURE OF THE SEA TO THE Letteren, Sont Compt, Co., LET LINE Lyn. o mot nucleil for the control of the contr FIRE Economic transfer, Washington, P. C. Boold and MARLE BEE. . DIE . SELON & 'NO THE MESON

				STATE OF MARYLAND	15	1 -7 5 1 6
~	1	FOR STATE	DEPA	ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE U	13014
		REGISTRAR			REG. N	
9 84	1 DE	CEASED NAME FIRST Patric	ce A.	TATALOU	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
4 may be fr, page 3 free-death	3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE   IN YEARS LAST BIR	THOAY IF UNDER 1 YEAR IF UNDER 24 HE
age 4 may be easter, page s attac deal		Faulale	Black	MONTH DAY YEAR	)	YRS. DAYS HOURS ME
death. Pa		(RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT		BALTIMORE CITY	OR COUNTY OF DEATH
er dean funéra nin 72 outfige	1	Maryland	USH	WIDOWED   DIVORCED	Mont	zomen)
by the ed with	15	SILVET Spring	HOLL TO	Crass Hospital	178 USUAL OCCUPATO (TYPE OF WORK FOR MOST C	
filled in uld be fil	13e	AL RESIDENCE (IF HURSING HONTO		FORE ADMISSION)  134. INSIDE CITY LIMITS  YES TO XXXXX		LAPPIS AVE
with tely sho	14 F	ATHER'S NAME	MIDDLE LAST	IS MOTHER'S MAIDEN		
couted and 2		FREDDIC	TARR	LEY tamel	2	WALTON
on and co		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GM	RMED FORCES?	Freddie Ta	rpley-fathe	er-(same as 13e)
icate sician ers. P /al.	-	LA CAUSE OF DEATH (Fotor of	nly one couse perline for (a), (b)		A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
physemore physemore emoremore emoremoremoremoremoremoremoremoremoremor		PART I DEATH WAS CAUSE		street	4 - Merries	line
ath c nding irbon , or r		71.51	DUE TO, OR AS A CONSE	OUENCE OF	0	
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requires signed en pleas to buria	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
been tr. Th	18	1% DATE OF OPERATION	196 CONDITION FOR WE	TICH OPERATION WAS PERFORMED	20a AUTOPSY?	200. IF YES, WERE FINDINGS USED
I. The I. te has be permit. iene prii	CERTIFICATION				YES TI NOP	IN CERTIFYING CAUSES OF DEATH?  YES NO NO
PHYSICIAN: ng physician. this certificate urnal-transit pe Mental Hygie	<b>E</b>	216 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2
PHYSICI ng physici g physici this certif urial-tran Mental H	MEDICAL	OR CONTRIBUTING CAUSE OF DEA		19		
ING Phending fiter this he burned and Marked of	AEO I	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)  21f LOCATION STREET	CITY OR TO	WN COUNTY STATE
DE ALE E	`	AT WORK AT WORK				
F 0 0 4 I 5			ital) attended the deceased from	671	10	19 2 , that (I) (we)
hospital DIRECT ned for compet. of			ot) view the body after death.		on death occurred on the d	ate and hour and from the couses stated
DIRI Ched Dept.	1	DIN SIGNATURE	17.	DEGREE ATTENDING	S MEDICAL STA	27c. DATE SIGNED
by the h by the h ERAL D State Do	1	augue	Hueexe	e MI PHYSICIAN		
		THE PHYSICIAN'S NAME (TYPE		220 ADDRESS		B = 0 = S
TO HOS	-	CUGENT	I-LINEGA!		NFINE SE	OLIND DIMESS.
100 d	230	BURIAL, CREMATION, REMOVAL		131. NAME OF CEMETERY OR CREMATOR Metropolitan Cres		., Alex. Va.
DF	24. F		mphrey, Inc.			256. REGISTRAR'S SIGNATURE
DHMH-16 25M (VRA 15, 4) 1/79		NAME	S S Md	1.6911	T 0 1901	

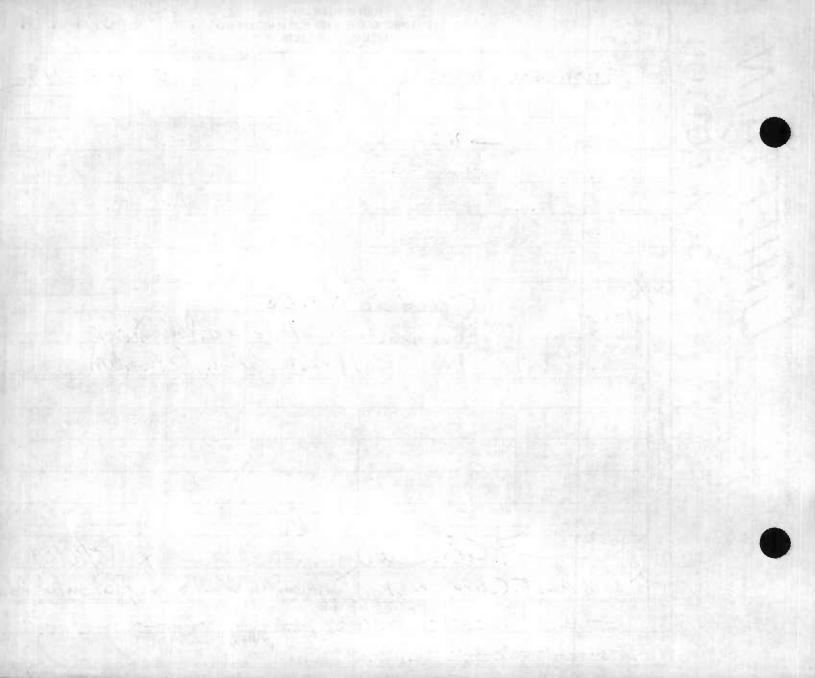
SERVERSON CONTRACTOR DIA MARKET CARL APPENDING JERRY THOMAS SAME AS 136 PRACTISE COLLINS SINCE SPEEDS WAY TO MAKE TOTAL PLANTS FOR THE PRACTICE OF THE

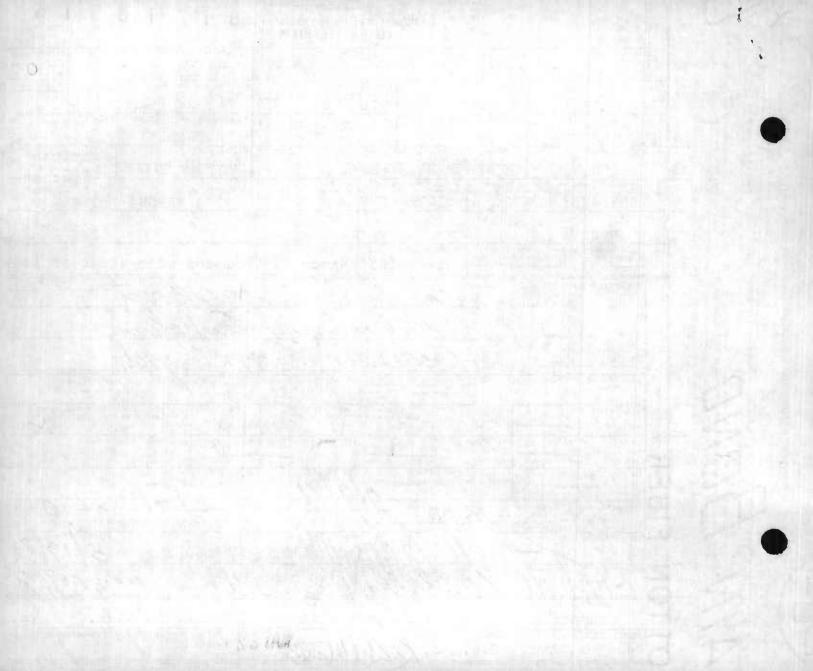
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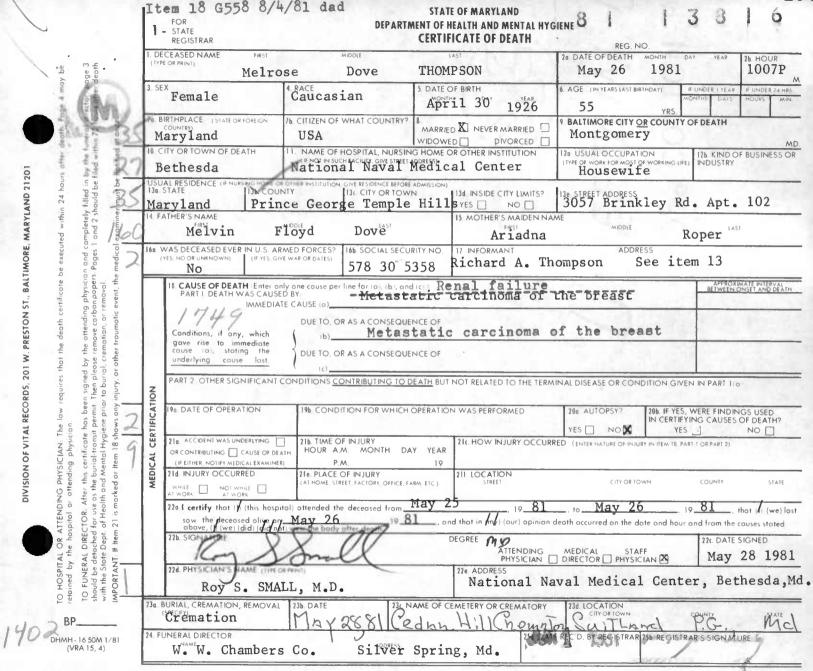
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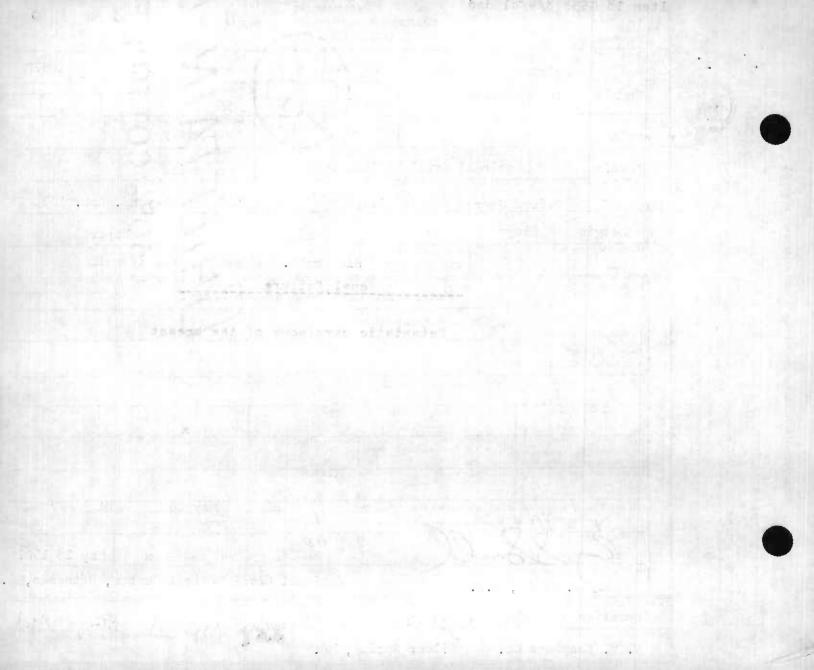
STATE OF MARYLAND

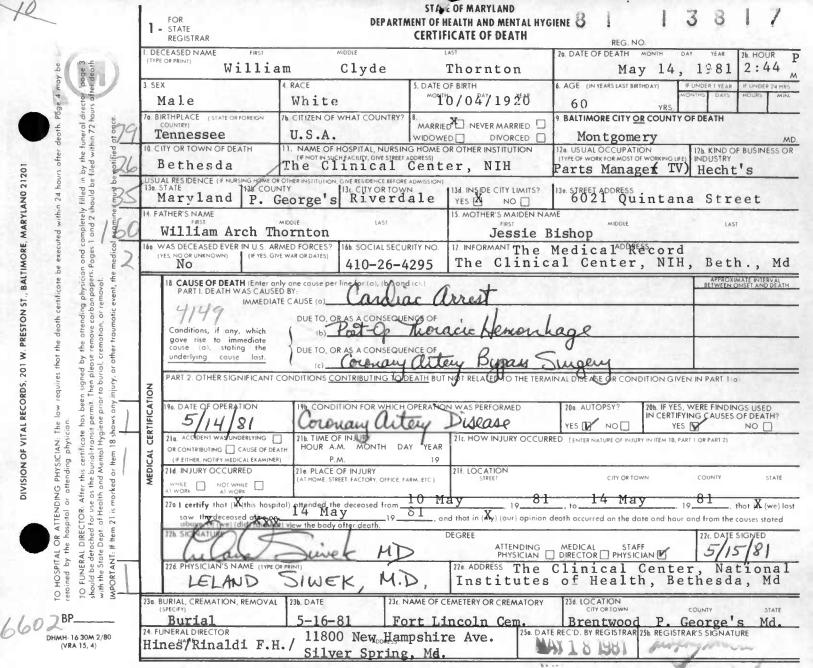
DEPARTMENT OF HEALTH AND MENTAL HYGIENE









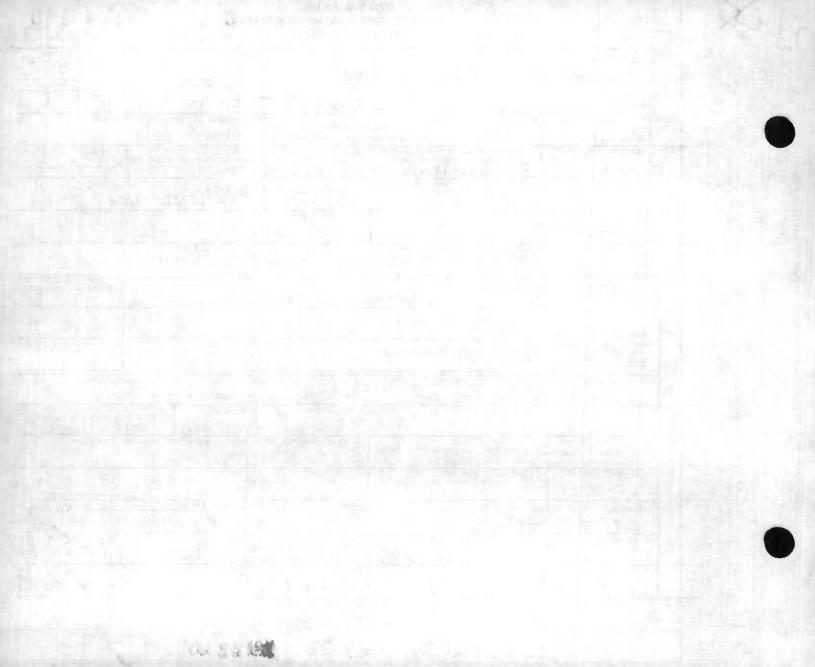


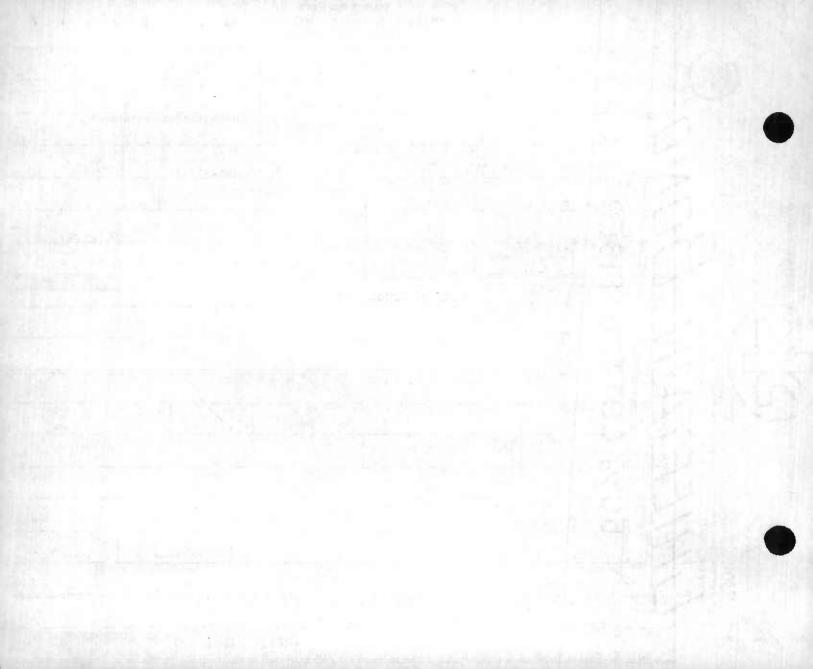
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Hines/Rinaldi F.H. 11800 N.H. Ave. S.S. Md.

(VRA 15, 4) 1/79

STATE OF MARYLAND





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE OF DEATH 2h HOUR (TYPE OR PRINTS FRANCES E. 3. SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) May 16. 1928 Female 52 yrs Caucasian To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wash. D.C. USA Montgomery County 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Silver Spring oly Cross Hospital Furniture 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 JOUAL RESIDENCE (IF NURSING HOW A OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Moontgomery Silver Spring 131 1210 Ashley Drive Maryland 15 MOTHER'S MAIDEN NAME Irving Eliason Wright Augusta M. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16b SOCIAL SECURITY NO (YES NO OR UNKNOWN) I HE YES, GIVE WAR OR DATEST Husband, Irby Todd same as 13e 579-34-0727 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE CIT Canditians, if any, which gove rise to immediate couse (a), stating the underlying couse last INTRIBUTING TO DEATH BUT NOT RELATED TO RECORDS, ONDITION FOR WHICH OPERATION WAS PERFORMED. 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER PM 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE FARM ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from. , and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated 22h SIGNATURE BEGREE MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS should by 230. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY Burial Brentwood, Maryland Fort Lincoln Cemetery BY RECISTRAR 256 REGISTRARY SIGNATURE 24 FUNERAL DIRECTORTYSON Wheeler Funeral Home, Inc. DHMH - 16 50M 1/81 (VRA 15. 4) 1331 Rockville Pike Rockville, Maryland

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 25 HOUR Glady TYPE OR PRINTS 3. SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH Female 87 Caucasian October 6,1893 70 BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY Alabama United States WIDOWEDX County MD. 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 126, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SUDURBAL Hospital Housewife Home USUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
134 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Florida Jackson Campbellton Box 7 NO . 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MEDICAL FIRST Not Available Yancey Bryan Amv 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Canterbury Way (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 266-20-9639D Grady O. Tucker, Rockville, MD20854 APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per I for co.), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate couse (a), stoting the DUE TO OR underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION a prior 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO T 18 sho Mental Hygi 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 10 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION ŏ CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK of Health , and that in (my) (our) opinion death occurred of the date and have and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e. ADDRESS TIRHYSICIAN'S NAME (TYPE OF PRINT) Rockville Pike OLKVILL 230. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE June CITY OF TOWN Burial Campbellton, Florida Campbellton Cem. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25g. DATE REC'D. ROBERT A. PUMPHREY FUNERAL DHMH-16 30M 2/80 parting the service (VRA 15, 4) P. A., Bethesda, Maryland HOMES.

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REGISTRAR

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(VRA 15, 4)

(TYPE OF WORK FOR MOST OF WORKING LIFE) 5328 2nd Street, NW. 5328 2nd Street, N. W. Mrs. Gloria Frazier-daughter APPROXIMATE INTERVAL CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) ( opinion death occurred on the date and have and from the causes stated 22c. DATE SIGNED Burial Lincoln Suitland, Md. Memorial Cemetery RAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 Funeral Home-4001 Benning Road NE. Stewart

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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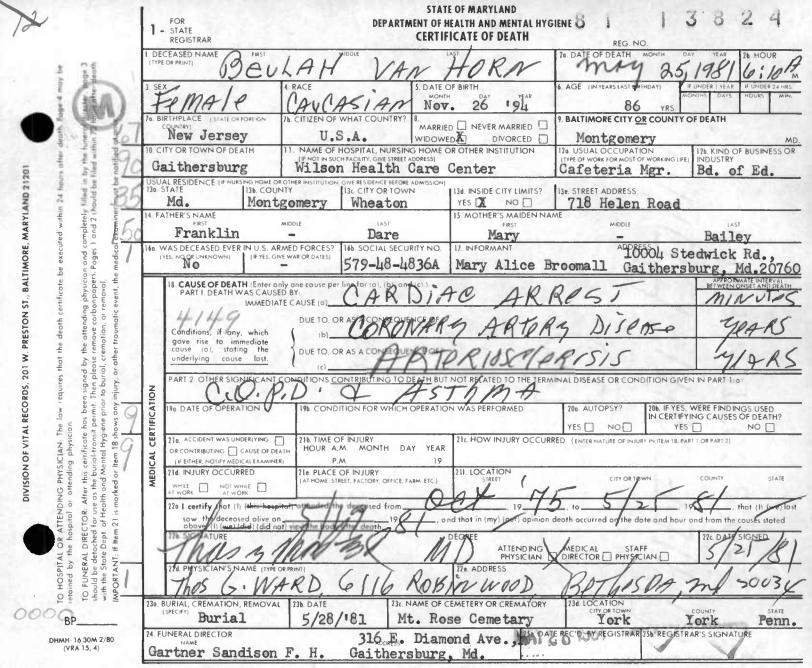
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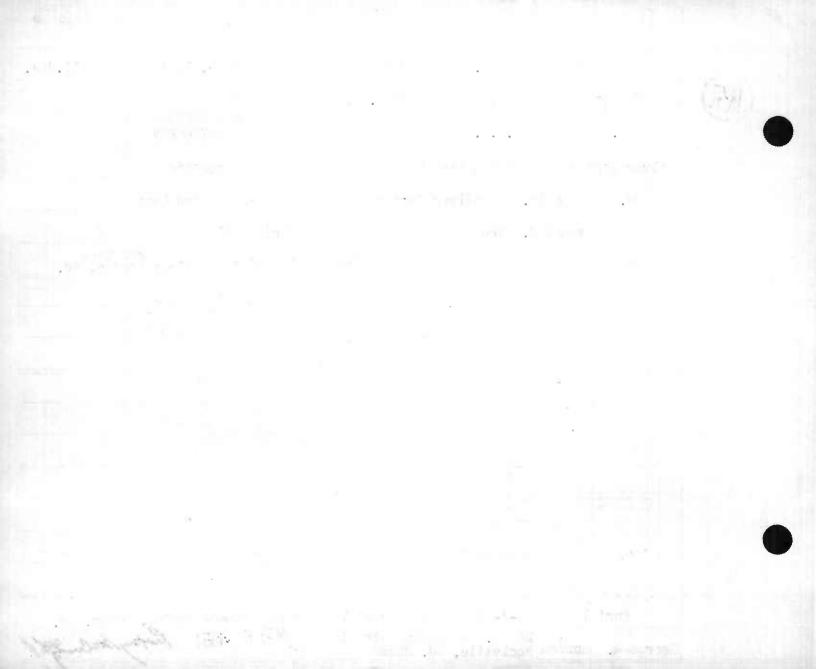
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TO HOSPITAL

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y the hory RAL DIRECTOR OF THE POPT OF T	6	HOWAL	1/1	llenn	g a	0.0	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF HYSICIAN []	22c. DATE	SIGNED
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DHMH-16 20M (VRA 15, 4) 7/78		orge R. Sne	owden	246 N. Rockvil	Washing le, Md.	ton St 20850	reet	47°6° ° 1987	RAR 15h	AR'S SIGNAT	-

STATE OF MARYLAND



*	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 3 8 2 9  CERTIFICATE OF DEATH  REG. NO.							
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STATE OF MARYLAND

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Olin L. Molesworth, P.A., Damascus, Md.

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DHMH-16 20M (VRA 15, 4) 7/78 STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

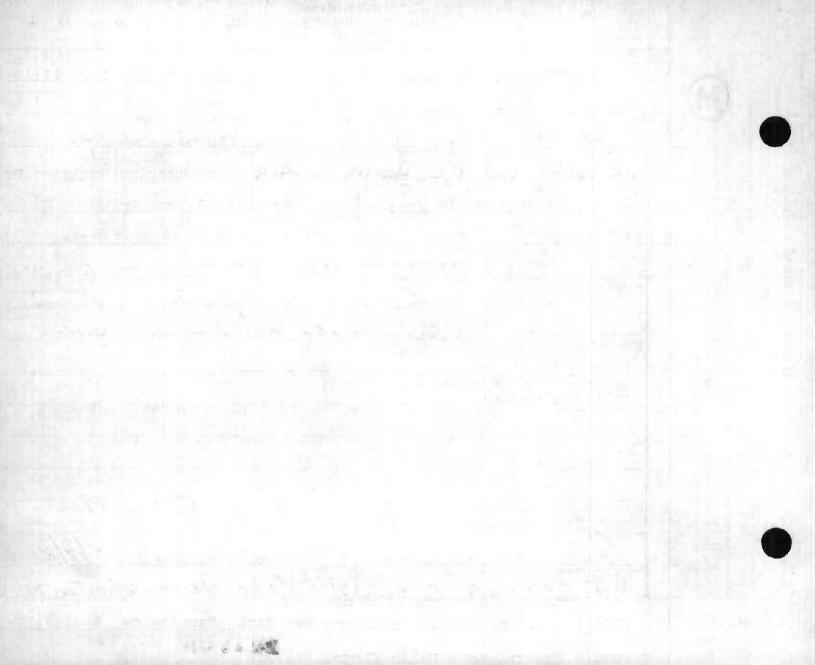
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE I. DECEASED NAME 20. DATE OF DEATH MONTH 25 HOUR (TYPE OR PRINT) pm David L. Weed Mav 1981 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS Male Caucasian Feb 15 1909 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY West Virginia USA. WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) Representative Mortgage DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NIRSING HOMEON OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 130 COUNTY 1313C. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland MontgomeryOlney 17813 Howe Drive NOXX 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST David Weed Mary Ann Laurie 166 SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) Yes WW II 10 1638 Wilma Weed 17813 Howe Dr. Olney, Md 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 20 OTHER SIGNIFICANT GONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 ony 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? ă IN CERTIFYING CAUSES OF DEATH? NOF sho ond Mento! Hygie 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2). 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH tem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 Ö 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION STREET CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE 220 | certify that (I) (this hospital) attended the deceased from sow the deceosed olive on obove. [Diraye] (did) (did not) view the body ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 228 SHONATUR GREE 22c. DATE SIGNED ATTENDING. MEDICAL STAFF ild be deto the Stote [ PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 72d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Buria: Mannington, West Virg. Mannington Mem Park 25. DATE, REC'D. BY, REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 ADDRESS. (VR A 15 (4)) Pearson: s Funeral Home Falls Church. Va



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO MIODLE 20. DATE OF DEATH DECEASED NAME 2b. HOUR (TYPE OR PRINT) 30 KATHRYN AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR 3 SEX 5 DATE OF BIRTH MONTH June 15 Female Caucasian 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY) Kentucky United States MONTGOMER WIDOWEDVI IN CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY SUBURBAN BETHESD Secretary Educational USUAL RESIDENCE (IF NUR 130 STATE Mary land OME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION Montgomery Wheaton 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 11700 College View Drive YES TX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Spencer Conley Gertrude John ADDRESS BALTIMORE, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) 404-18-9280 Diane A. Wheeler (Same as 13e) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), 1b), and (c), PART I. DEATH WAS CAUSED BY ARCINOMATOSIS IMMEDIATE CAUSE (n) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/g CERTIFICATION 14BETES MELLITUS 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 71n ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER PM 19 21d INJURY OCCURRED 218 PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from\_ sow the deceased alive on. \_, and that in (my) ( prince opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did nat) view the bady after death 22b. SIGNATURE DEGREE 27c DATE SIGNED ATTENDING MEDICAL STAFF Should be detained by with the Stote PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Rockville. AWRENCE V 11801 INDMHS 1236 DATEJune 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECREMATION COUNTY STATE Metropolitan Crematory Alexandria Va. 74 FUNERAL DIRECTOR Robert A. Pumphrey Funeral 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4) Rockville, Maryland Homes P.A.

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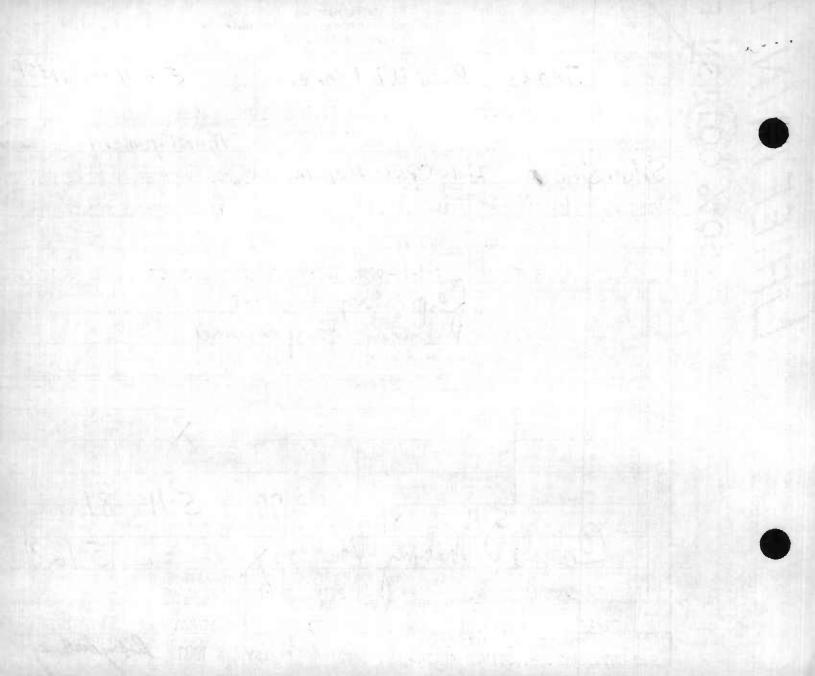
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN TYPE OR PRINT! 8 ESTI-Eric Whitney M. DEATH MATED 281981 4. RACE 3 SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE 184 LAST BIRTHDAY) PRONOUNCED Male Cauc. 28,1964 16 une DEAD May 28 1981 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Virginia United States WIDOWED DIVORCED Montgomery County ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS Smallwood Road OR INDUSTRY FOR MOST OF WORKING LIFE) Rockville Student 2. AND 3 TO 1 3. RETAIN PA 2 SHOULD BE F AL RECORDS, A School USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE Rockville *faryland* Montgomerv 611 Smallwood Road YES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Ronald Whitney Audrie Suffield 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** DIVISION (YES, NO, OR UNKNOWN) No 216-96-3579 Ronald E. Whitney, Same as #13 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ho catic Leukemia-PART I DEATH WAS CAUSED BY. Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? YES [ 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211-LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PATER DEATH, WITH THE STANDORE, MARYLAND, 2 BALTAMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Homicide Natural causes Undetermined manner May 28, 198; TITLE (SPECIFY) ACTUAL DATE Deputy SIGNATURE MEDICAL EXAMINER SIGNED 7936 Old Georgetown Road EXAMINER'S NAM John G. Ball, M.D. ADDRESS Bethesda, Maryland 20014 230 BURIAL, CREMATION, REMOVAL 236 DATE May 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 1981 Metropolitan Crematory Alexandria. Virginia Robert A. Pumphrey Funeral **DHMH-17** Homes, P.A. Bethesda, Maryland (VR A15 ME (5)) 15M 2/80

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BALTIMORE, MARYLAND 2120

PRESTON ST.

DIVISION OF VITAL RECORDS, 201 W.



24 Francis Gasch's Sons Funeral Home, P.A.

Hyattsville, Maryland

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

OWN HOME

NO [

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250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE TO

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR TYPE OF PRINTS DELBERT WALDO WILLIAMS 1 SEX 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) UNDER 24 HRS MONTH WHITE 70 BIRTHPLACE TH CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED X DIVORCED MONTGOMER ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Chile for Nathanalking LIFE) Resources Branch 13e STREET ADDRESS Silver Spring Marvland Montgomery 606 Vierling Drive 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FRED BULLOCK NELSON WILLIAMS Samantha 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT VIERLING DR. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) LOUISE SPG. MD SILVER No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for ray, (b), and ic PART I. DEATH WAS CAUSED BY. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause to, stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ 216. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M ( IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220-1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an\_ and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (1) (we) (did) (aid not view the bady after death DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN should be det with the State IMPORTANT: PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS PRAL 230. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Lincoln Nebraska Burial Wyuka Cemetery BP 5/29/81 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75

(VRA 15(4))

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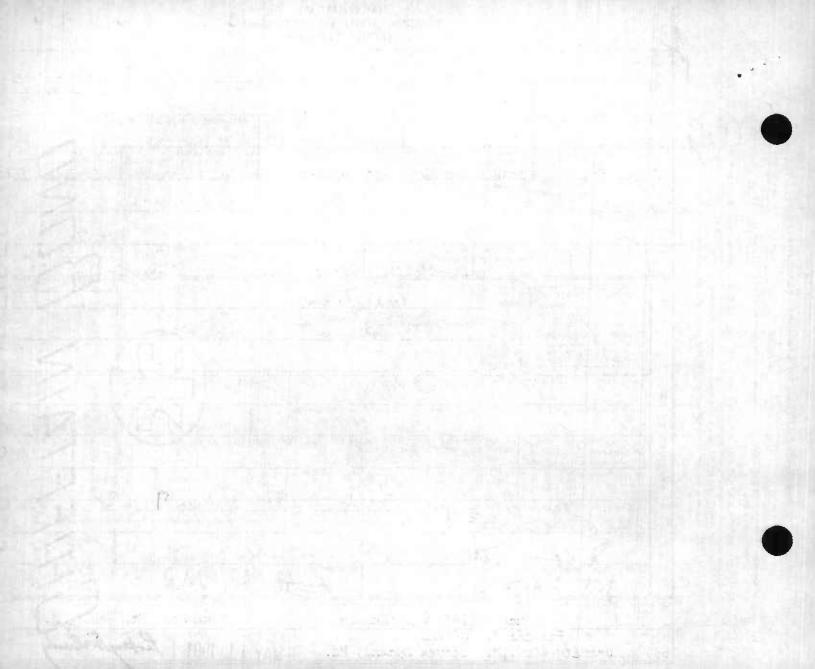
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STATE OF MARYLAND

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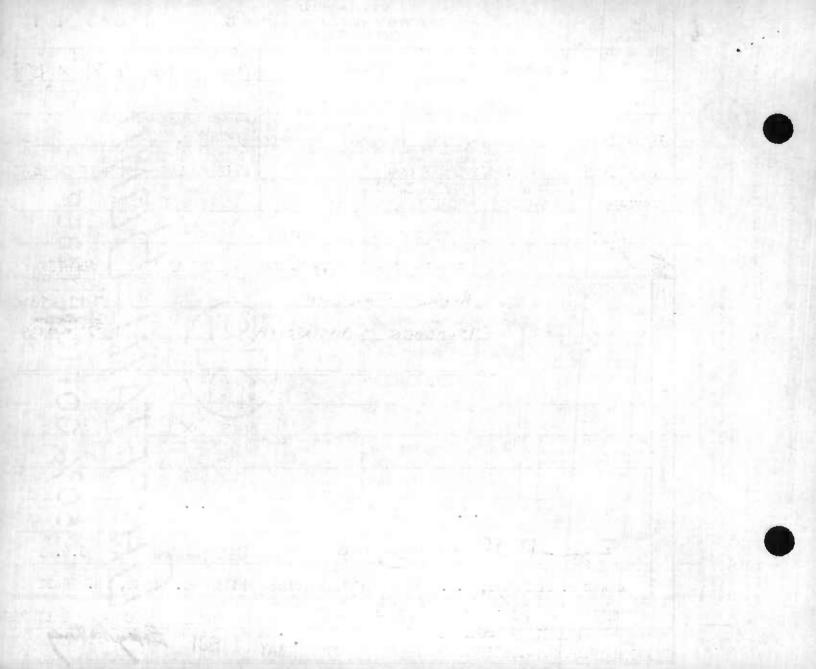
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500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) arlv DEATH MATED Ruth Reebel Wolford 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 4. RACE 2c. DATE Cau-LAST BIRTHDAY) PRONOUNCED DEAD casian 9. BALTIMORE CITY OR COUNTY OF DEATH In RIPTHPLACE (STATE OR MARRIED XXNEVER MARRIED FOREIGN COUNTRY) D Montgomery County

128 USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY) Pennsylvania United States DIVORCED WIDOWED | AND 3 TO THE FURETAIN PAGE SHOULD BE FILED WEECOPING ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Potomac Kingsgate Road Housewife Home USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Montgomerv Potomac 409 Kingsgate Road 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME JURS AFTE.

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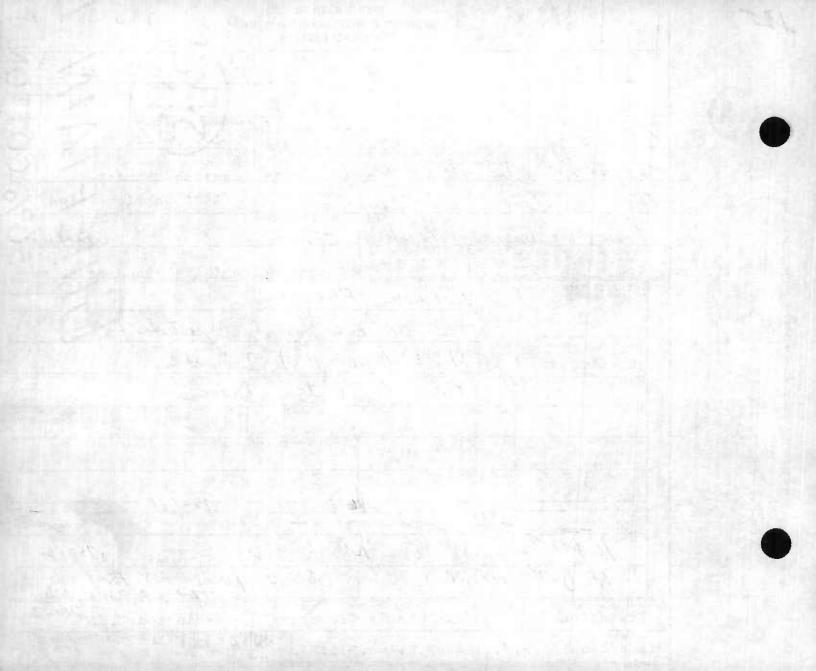
19 FIRST LAST MIDDLE LAST Ward Reebel Heinz Rose 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT LYES, NO OR UNKNOWN LIF YES, GIVE WAR OR DATEST E. Yeakle Wolford Same as 13 198-36-1889 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ATION, OR REMOVAL. Myocardial infarction IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditions, if any, which Arteriosclerotic cardiovascular disease gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0| CERTIFICATION Viral infection 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? USED/ 2D AUTOPSY? NER: THIS CENT.
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TO FUNEZA DIRECTOR: PY
AFTER DEATH, WITH THE STI Inspection X 22a I certify that I taak charge of the remains described above, held on Autopsy and in my apinion Hamicide L Undetermined manner TITLE (SPECIFY) DATE SIGNED May 3, 1981 Deputy MEDICAL EXAMINER Wisconsin Avenue EXAMINER'S NAME Mayle Francis Maryland ADDRESS\_ 236. LOCATION 23c. NAME OF CEMETERY OR CREMATORY May South Side Cemetery Pittsburgh . Burial Pennsylvania 24. FUNERAL DIRECTOR A. ARLIMPHREY FUNERAL **DHMH-17** P. A., Bethesda, Maryland (VR A15 ME (5)) 15M 2/80

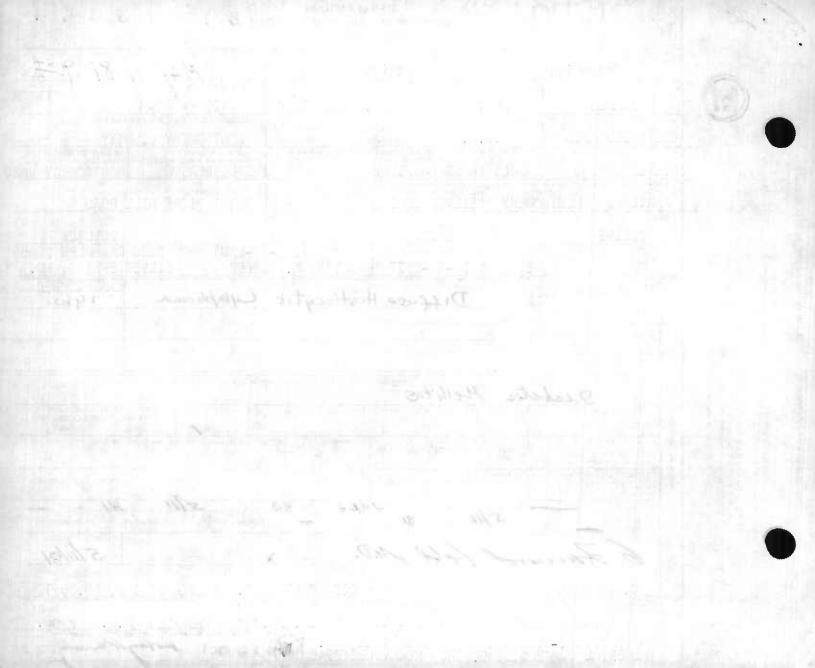
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3 SI	Female	RACE Caucasian S. DATE MON Ma		6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
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5 160 T	WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)	17 INFORMANT	ADDRE		
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them 18 shows any injury, are	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BU		200 AUTOPSY? YES NOST	206. IF YES, WERE FINDI IN CERTIFYING CAUSES	INGS USED
	210 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ LIF EITHER NOTIFY MEDICAL EXAMINI	EATH HOUR A.M. MONTH DAY YEAR	21¢ HOW INJURY OCCUR			
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY  [AT HOME STREET FACTORY, OFFICE FARM, ETC.]	211 LOCATION STREET	CITY OR TOV	wn COUNTY	STATE
		ortal) ottended the deceased from Apri	1 16 , 19 81 and that in /m/) (our) opinion in	ta May 01 death occurred on the do		, that (/ (we) la e causes stated
4000	27b. SIGNATURE	1-0-1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN MAY 1 1981		
1	Joseph F.	Hacker, III	National Nav			
23a 24 F	BURIAL, CREMATION, REMOVA (SPECIFY)  POMATION  UNERAL DIRECTOR  W. Chambers	L 23b. DATE 231 NAME OF COLD AN	CEMETERY OR CREMATORY Hill Chemilon 250 PAT	23d LOCATION CITY OR TOWN 27 Suil Nam	COUNTY	TURE

